BOB-1
Concentrated and Prediluted Monoclonal Antibody
901-418-110817

Catalog Number: CM 418 A, B
PM 418 AA

Description: 0.1, 0.5 ml, concentrated
6.0 ml, prediluted

Dilution: 1:50
Ready-to-use

Diluent: Renoir Red
N/A

Intended Use:
For In Vitro Diagnostic Use
BOB-1 [TG14] is a mouse monoclonal antibody that is intended for
laboratory use in the qualitative identification of B-cell specific octamer
binding protein-1 by immunohistochemistry (IHC) in formalin-fixed
paraffin-embedded (FFPE) human tissues. The clinical interpretation of
any staining or its absence should be complemented by morphological
studies using proper controls and should be evaluated within the
context of the patient’s clinical history and other diagnostic tests by a
qualified pathologist.

Summary and Explanation:
BOB-1 (B-cell specific octamer binding protein-1) protein is a B-
lymphocyte-specific transcriptional coactivator. It interacts with Oct-1
and Oct-2 transcription factors. BOB-1 and Oct-2 play essential roles in
germinal center formation and immunoglobulin production. BOB-1 has
been reported to be detectable in all B-cell populations found in
reactive lymphoid tissues, the strongest expression being found in
germinal center B-cells and plasma cells. BOB-1 and Oct-2 are most
useful for the B-lineage determination of CD20-plasmablastic, or
primary effusion subtypes of diffuse large B-cell lymphoma (DLBCL).
Other studies have shown BOB-1, CD79a and Cyclin E are the most
appropriate markers to discriminate classical Hodgkin’s lymphoma from
primary mediastinal large B-cell lymphoma. The strong nuclear
expression of BOB-1 and Oct-2 by germinal center-derived lymphomas
makes these antibodies a novel class of broad spectrum B-lineage
immunohistochemical markers in the differential diagnosis of
lymphomas.

Principle of Procedure:
Antigen detection in tissues and cells is a multi-step
immunohistochemical process. The initial step binds the primary
antibody to its specific epitope. After labeling the antigen with a
primary antibody, a secondary antibody is added to bind to the secondary
antibody; this detection of the bound antibody is evidenced by a
colorimetric reaction.

Source: Mouse monoclonal
Species Reactivity: Human; others not tested
Clone: TG14
Isotype: IgG2b

Total Protein Concentration: ~10 mg/ml. Call for lot specific Ig
concentration.

Epitope/Antigen: Prokaryotic recombinant protein containing 116
amino acids of the C-terminus of BOB-1

Cellular Localization: Nuclear

Positive Tissue Control: Tonsil

Known Applications: Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative

Storage and Stability:
Store at 2°C to 8°C. Do not use after expiration date printed on vial. If
reagents are stored under conditions other than those specified in
the package insert, they must be verified by the user. Diluted reagents
should be used promptly; any remaining reagent should be stored at
2°C to 8°C.

Protocol Recommendations Cont’d:

Peroxide Block: Block for 5 minutes with Biocare's Peroxidazed 1.

Protocol Recommendations:

Pretreatment: Perform heat retrieval using Biocare's Borg or Reveal
Decloaker. Refer to the Borg or Reveal Decloaker product data sheet
for specific instructions.

Primary Block (Optional): Incubate for 5-10 minutes at RT with
Biocare's Background Punisher.

Primary Antibody: Incubate for 30-45 minutes at RT.

Probe: Incubate for 10 minutes at RT with a secondary probe.

Polymer: Incubate for 10-20 minutes at RT with a tertiary polymer.

Chromogen: Incubate for 5 minutes at RT with Biocare's DAB – OR –
Incubate for 5-7 minutes at RT with Biocare's Warp Red.

Counterstain: Counterstain with hematoxylin. Rinse with deionized water. Apply
Tacha's Bluing Solution for 1 minute. Rinse with deionized water.

Technical Note:
1. This antibody has been standardized with Biocare's MACH 4
detection system. Use TBS buffer for washing steps.
2. When using Reveal, a 45-10-20 detection procedure is
recommended.

Limitations:
The optimum antibody dilution and protocols for a specific application
can vary. These include, but are not limited to fixation, heat-retrieval
method, incubation times, tissue section thickness and detection kit
used. Due to the superior sensitivity of these unique reagents, the
recommended incubation times and titer listed are not applicable to
other detection systems, as results may vary. The data sheet
recommendations and protocols are based on exclusive use of Biocare
products. Ultimately, it is the responsibility of the investigator to
determine optimal conditions. The clinical interpretation of any positive
or negative staining should be evaluated within the context of clinical
presentation, morphology and other histopathological criteria by a
qualified pathologist. The clinical interpretation of any positive or
negative staining should be complemented by morphological studies
using proper positive and negative internal and external controls as
well as other diagnostic tests.

Quality Control:
Refer to CLSI Quality Standards for Design and Implementation of
Immunohistochemistry Assays; Approved Guideline-Second edition
(1/LA28-A2) CLSI Wayne, PA USA (www.clsi.org). 2011

Precautions:
1. This antibody contains less than 0.1% sodium azide. Concentrations
less than 0.1% are not reportable Hazardous materials according to
91/155/EC. Sodium azide (NaN₃) used as a preservative is toxic if
ingested. Sodium azide may react with lead and copper plumbing to
form highly explosive metal azides. Upon disposal, flush with large
volumes of water to prevent azide build-up in plumbing. (Center for
Disease Control, 1976, National Institute of Occupational Safety and
Health, 1976) (6)
2. Specimens, before and after fixation, and all materials exposed to
them should be handled as if capable of transmitting infection and
disposed of with proper precautions. Never pipette reagents by mouth
and avoid contacting the skin and mucous membranes with reagents
and specimens. If reagents or specimens come into contact with
sensitive areas, wash with copious amounts of water. (7)
Precautions Cont’d:
3. Microbial contamination of reagents may result in an increase in nonspecific staining.
4. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change.
5. Do not use reagent after the expiration date printed on the vial.
6. The SDS is available upon request and is located at http://biocare.net.

Troubleshooting:
Follow the antibody specific protocol recommendations according to data sheet provided. If atypical results occur, contact Biocare’s Technical Support at 1-800-542-2002.

References: