

V-Blocker

Blocking Reagent
901-4001-030918

BIOCARE
M E D I C A L

VP Echelon™ Series

Catalog Number: BRI 4001 G, H
Description: 6.0, 25 ml, Ready-to-use

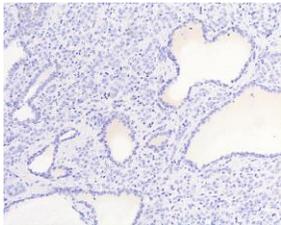
Intended Use:

For In Vitro Diagnostic Use

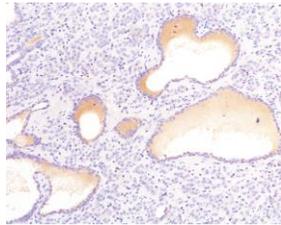
V-Blocker is a blocking reagent that is intended for laboratory use in reducing nonspecific background staining observed in immunohistochemistry (IHC) procedures on formalin-fixed paraffin-embedded (FFPE) human tissues. The clinical interpretation of any staining or its absence should be complemented 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 & Explanation:

V-Blocker is a universal blocking reagent used for reducing nonspecific background staining often observed with immunohistochemistry on an automated staining system. This formulation has been proven to be the most effective blocking reagent for automated IHC systems. It can be used in the conventional manner by applying before the primary antibody; however, using V-Blocker after the primary antibody and before detection has shown to be much more effective, especially when using double stain or multiplex applications. V-Blocker is specifically formulated for superior pH stability and is sodium azide and thimerosal free.



Prostate Ca. Negative Control
With 4' V-Blocker



Prostate Ca. Negative Control
No V-Blocker

Known Applications:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As:

Blue liquid buffer reagent with preservative and surfactant

Materials and Reagents Needed But Not Provided:

Microscope slides, positively charged
Positive and negative tissue controls
Deionized or distilled water
Pretreatment reagents
Enzyme digestion
Primary antibody*
Negative control reagents
Detection kits
Detection components
Chromogens
Hematoxylin
Bluing reagent
Mounting media
Ancillary Inline User Fillable Dispenser

* Biocare Medical Products: Refer to a Biocare Medical catalog for further information regarding catalog numbers and ordering information. Certain reagents listed above are based on specific application and detection system used.

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.

Protocol Recommendations (Ventana BenchMark XT / ULTRA Slide Staining Systems):

Using ultraView™ Detection Kit

NOTE: V-Blocker must be filled in a registered Ancillary Inline User Fillable Dispenser prior to use. V-Blocker must be registered as an "Option" in order to properly use it.

For immunohistochemistry, V-Blocker is recommended to be applied prior to any detection system used as follows:

1. Incubate primary antibody for the specified time and temperature.
2. Use the ultraBlock option (with appropriate Option # registered by user) for 4 minutes.
3. Continue with the set protocol as established.

If performing double stain applications:

1. Add the **DS ultraBlock** (with the same Option # as used in previous step 2).
2. Continue with the set protocol as established.

Technical Note:

1. A slight turbidity may be observed. Invert 2-3 times before use.
2. In limited cases, applying V-Blocker before the primary antibody may provide superior blocking when compared to applying before detection systems.

Limitations:

The 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 titers listed are not applicable to other detection systems, as results may vary. 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 (I/LA28-A2) CLSI Wayne, PA USA (www.clsi.org). 2011

Precautions:

1. This product is not classified as hazardous. The preservative used in this reagent is Proclin 950 and the concentration is less than 0.5%. Overexposure to Proclin 950 can cause skin and eye irritation and irritation to mucous membranes and upper respiratory tract. The concentration of Proclin 950 in this product does not meet the OSHA criteria for a hazardous substance. Wear disposable gloves when handling reagents.
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

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Precautions Cont'd:

and specimens. If reagents or specimens come in contact with sensitive areas, wash with copious amounts of water.

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>.

7. Consult OSHA, federal, state or local regulations for disposal of any toxic substances.

8. Proclin™ is a trademark of Rohm and Haas Company, or of its subsidiaries or affiliates.

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.

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