Chromogranin A

Concentrated and Prediluted Cocktail Antibody
902-010-030222

BIOCARE MEDICAL

Available Product Formats				
Format	Catalog Number	Description	Dilution	Diluent
Concentrate	ACR 010 A, B, C	0.1, 0.5, 1.0 mL	1:100	Da Vinci Green
Predilute	APR 010 AA	6.0 mL	Ready-to-use	N/A
Q Series– For Leica BOND-III	ALR 010 G7	7.0 mL	Ready-to-use	N/A

Intended Use:
For Research Use Only. Not for use in diagnostic procedures.

Summary and Explanation:
This antibody recognizes a protein of 68-75 kDa, identified as Chromogranin A (a protein of 439-amino acid which is encoded on chromosome 14). Although the epitopes for [LK2H10] and [PHE5] are not precisely mapped, experimental data suggests that they are different. A cocktail of LK2H10 and PHE5 is specifically designed for sensitive detection of Chromogranin A in formalin-fixed, paraffin-embedded tissues. Chromogranin A is present in neuroendocrine cells throughout the body, including the neuroendocrine cells of the large and small intestine, adrenal medulla and pancreatic islets. It is an excellent marker for carcinoid tumors, pheochromocytomas, paragangliomas and other neuroendocrine tumors. Coexpression of Chromogranin A and neuron specific enolase (NSE) is common in neuroendocrine neoplasms.

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 one-step or two-step detection procedure can be applied. A one-step procedure will feature an enzyme labeled polymer that binds the primary antibody. A two-step procedure will feature a linker antibody added to bind to the primary antibody. An enzyme-labeled polymer is then added to bind the linker antibody. These detections of the bound antibodies are evidenced by a colorimetric reaction.

Source: Mouse monoclonal
Species Reactivity: Human; others not tested
Clone: LK2H10 + PHE5
Isotype: IgG1 + IgG1
Protein Concentration: Call for lot specific Ig concentration.
Epitope/Antigen: Chromogranin A
Cellular Localization: Finely granular cytoplasm
Positive Tissue Control: Pancreas or adrenal gland

Known Applications:
Immunohistochemistry (formalin-fixed paraffin-embedded tissues)
Supplied As: Buffer with protein carrier and preservative

Storage and Stability:
Store at 2ºC to 8ºC. The product is stable to the expiration date printed on the label, when stored under these conditions. Do not use after expiration date. Diluted reagents should be used promptly; any remaining reagent should be stored at 2ºC to 8ºC.

Staining Protocol Recommendations (intelliPATH FLX® and manual use):
Peroxide Block: Block for 5 minutes with Peroxidazed 1.
Pretreatment: Perform heat retrieval using Reveal Decloaker. Refer to the Reveal Decloaker product data sheet for specific instructions.
Protein Block (Optional): Incubate for 5-10 minutes at RT with Background Punisher.
Primary Antibody: Incubate for 30 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 Warp Red.
Counterstain: Counterstain with hematoxylin. Rinse with deionized water. Apply Tacha's Bluing Solution for 1 minute. Rinse with deionized water.

Technical Note:
This antibody, for intelliPATH FLX and manual use, has been standardized with MACH 4 detection system. Use TBS for washing steps.

Staining Protocol Recommendations (Q Series – For Leica BOND-III):
ALR010 is intended for use with the Leica BOND-III. Refer to the User Manual for specific instructions for use. Recommended protocol parameters are as follows:
Protocol Name: IHC Protocol F
Detection: Bond Polymer Refine
HIER: 30 min with ER1
Peroxide Block: 5 min
Marker (Primary Antibody): 15 min
Post Primary: 8 min
Polymer: 8 min
Mixed DAB Refine: 10 min
Hematoxylin: 5min

Limitations:
This product is provided for Research Use Only (RUO) and is not for use in diagnostic procedures. Suitability for specific applications may vary and it is the responsibility of the end user to determine the appropriate application for its use.

Precautions:
1. This antibody contains less than 0.1% sodium azide. Concentrations less than 0.1% are not reportable hazardous materials according to U.S. 29 CFR 1910.1200, OSHA Hazard communication and EC Directive 91/155/EC. Sodium azide (NaN_3) 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) (7)
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. (8)
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.

Technical Support:
Contact Biocare's Technical Support at 1-800-542-2002 for questions regarding this product.

References:

1. Barthez PY, *et al.* Pheochromocytoma in dogs: 61 cases (1984-1995). J Vet Intern Med. 1997 Sept-Oct; 11(5):272-8.
2. Terada T, *et al.* Endocrine cells in intraductal papillary-mucinous neoplasms of the pancreas. A histochemical and immunohistochemical study. Virchows Arch. 1997 Jul;431(1):31-6.
3. Declich P, *et al.* What type of chromogranin does PHE5 monoclonal antibody react with? Virchows Arch. 1997 Jun;430(6):509-10.
4. Burke AP, *et al.* Carcinoids of the jejunum and ileum: an immunohistochemical and clinicopathologic study of 167 cases. Cancer. 1997 Mar 15;79(6):1086-93.
5. Angelsen A, *et al.* Neuroendocrine differentiation in carcinomas of the prostate: do neuroendocrine serum markers reflect immunohistochemical findings? Prostate. 1997 Jan 1;30(1):1-6.

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References Cont'd:
6. Meng Y, Li W, Yu J. A pathological study on phenotype differentiation and its significance in pulmonary large cell carcinoma. Zhonghua Bing Li Xue Za Zhi. 1996 Dec;25(6):347-50.
7. Center for Disease Control Manual. Guide: Safety Management, NO. CDC-22, Atlanta, GA. April 30, 1976 "Decontamination of Laboratory Sink Drains to Remove Azide Salts."
8. Clinical and Laboratory Standards Institute (CLSI). Protection of Laboratory Workers from Occupationally Acquired Infections; Approved Guideline-Fourth Edition CLSI document M29-A4 Wayne, PA 2014.

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