

## CD23

Concentrated and Prediluted Monoclonal Antibody  
902-100-120417

**BIOCARE**  
M E D I C A L

<b>Catalog Number:</b>	<b>ACR 100 A, C</b>	<b>APR 100 AA</b>
<b>Description:</b>	0.1, 1.0 ml, concentrated	6.0 ml, prediluted
<b>Dilution:</b>	1:100	Ready-to-use
<b>Diluent:</b>	Da Vinci Green	N/A

### Intended Use:

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

### Summary and Explanation:

CD23 is a 45 kDa glycoprotein that acts as a receptor for IgE. It is expressed by interleukin-4 activated B-lymphocytes, by activated macrophages, and by a proportion of follicular dendritic cells. CD23 has been shown to be useful for the differentiation of small lymphocytic lymphomas and mantle cell lymphoma (7).

### 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. A secondary antibody may be applied to bind the primary antibody, followed by an enzyme labeled polymer; or an enzyme labeled polymer may be applied directly to bind the primary antibody. The detection of the bound primary antibody is evidenced by an enzyme-mediated colorimetric reaction.

**Source:** Mouse monoclonal

**Species Reactivity:** Human; others not tested

**Clone:** 1B12

**Isotype:** IgG1

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

**Epitope/Antigen:** CD23

**Cellular Localization:** Cytoplasmic and cell membrane

**Positive Tissue Control:** Follicular lymphoma or tonsil (mantle cell lymphomas are generally negative)

### 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.

### Staining Protocol Recommendations:

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

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

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

**Primary Antibody:** Incubate for 30-60 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:

This antibody has been standardized with Biocare's MACH 4 detection system. Use TBS buffer for washing steps.

### 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<sub>3</sub>) 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) (8)

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 in contact with sensitive areas, wash with copious amounts of water. (9)

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. Sano H, *et al.* Upregulated surface expression of intracellularly sequestered Igepsilon receptors (FcepsilonRII/CD23) following activation in human peripheral blood eosinophils. *Proc Assoc Am Physicians.* 1999 Jan-Feb;111(1):82-91.

2. Kroft SH, *et al.* Evaluation of CD23 expression in paraffin-embedded gastric lymphomas of mucosa-associated lymphoid tissue. *Mod Pathol.* 1998 Oct;11(10):967-70.

3. Sarsfield P, *et al.* A study of accessory cells in the acquired lymphoid tissue of helicobacter gastritis. *J Pathol.* 1996 Sep;180(1):18-25.

4. Kumar S, *et al.* Use of CD23 (BU38) on paraffin sections in the diagnosis of small lymphocytic lymphoma and mantle cell lymphoma. *Mod Pathol.* 1996 Sep;9(9):925-9.

5. Murray PG, *et al.* CD23 expression in non-Hodgkin lymphoma: immunohistochemical demonstration using the antibody BU38 on paraffin sections. *J Pathol.* 1991 Oct;165(2):125-8.

6. Hellen EA, *et al.* Immunohistochemical demonstration of CD23 expression on lymphocytes in rheumatoid synovitis. *J of Clin Pathol.* 1991 Apr;44(4):293-6.

7. Dorfman DM, *et al.* Distinction between small lymphocytic and mantle cell lymphoma by immunoreactivity for CD23. *Mod Pathol.* 1994 Apr;7(3):326-31.

8. 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."

9. 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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Rev: 062117

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