

Cytokeratin 5/6 (CK 5/6)

Concentrated and Prediluted Monoclonal Antibody
902-105-111721

BIOCARE
M E D I C A L

Available Product Formats				
Format	Catalog Number	Description	Dilution	Diluent
Concentrate	ACR 105 A, B, C	0.1, 0.5, 1.0 mL	1:100	Van Gogh Yellow
Predilute	APR 105 AA	6.0 mL	Ready-to-use	N/A
UltraLine – For BenchMark	AVR 105 G	6.0 mL	Ready-to-use	N/A
Q Series– For Leica BOND-III	ALR 105 G7	7.0 mL	Ready-to-use	N/A

Intended Use:

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

Summary and Explanation:

Studies have shown Cytokeratin 5/6 reacts with human epidermis and non-keratinizing epithelium as determined by immunoblotting. Studies have also shown it reacts with cytokeratin No. 6, and weakly reacts with cytokeratin No. 4. It does not react with cytokeratins 1, 7, 8, 10, 13, 14, 18 and 19. CK5/6 has been shown to be a reliable marker for mesothelioma and squamous cell carcinoma of the lung. It does not react with pulmonary adenocarcinoma. (1)

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

Source: Mouse monoclonal

Species Reactivity: Human; others not tested

Clone: CK5/6.007

Isotype: IgG1

Protein Concentration: Call for lot specific Ig concentration.

Epitope/Antigen: CK5/6

Cellular Localization: Cytoplasmic

Positive Tissue Control: Prostate or skin

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. 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 2°C to 8°C.

Staining Protocol Recommendations (intelliPATH FLX® and manual use):

Peroxide Block: Block for 5 minutes with Peroxidized 1.

Pretreatment: Perform heat retrieval using Borg or Diva Decloaker. Refer to the Borg or Diva Decloaker 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 (Ventana BenchMark ULTRA):

AVR105 is intended for use with the BenchMark ULTRA. Refer to the User Manual for specific instructions for use. Recommended protocol parameters are as follows:

Template/Detection: OptiView DAB IHC

Pretreatment Protocol: CC1 32 minutes

Peroxidase: Pre Primary Peroxidase Inhibitor

Primary Antibody: 32 minutes, 36°C

Staining Protocol Recommendations (Q Series – For Leica BOND-III):

ALR105 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: 40 min with ER2

Peroxide Block: 5 min

Marker (Primary Antibody): 15 min

Post Primary: 8 min

Polymer: 8 min

Mixed DAB Refine: 10 min

Hematoxylin: 5 min

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 (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) (2)

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. (3)

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.



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References:

1. Ordonez NG. Value of cytokeratin 5/6 immunostaining in distinguishing epithelial mesothelioma of the pleura from lung adenocarcinoma. Am J Surg Pathol. 1998 Oct;22 (10):1215-21.
2. 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."
3. 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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