

Myogenin

Concentrated and Prediluted Monoclonal Antibody
902-115-092117

BIOCARE
M E D I C A L

Catalog Number:	ACR 115 A, C	APR 115 AA
Description:	0.1, 1.0 ml, concentrated	6.0 ml, prediluted
Dilution:	1:100	Ready-to-use
Diluent:	Van Gogh Yellow	N/A

Intended Use:

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

Summary and Explanation:

Myogenin is a member of a family of myogenic genes that also includes MyoD. These genes encode a set of transcription factors that are essential for muscle development. Expression of myogenin is restricted to cells of skeletal muscle origin. This antibody has been shown to label human myogenin and mouse, rat and cat tissues. Staining has also been found in myoblasts from human fetal limbs. No reactivity was found in adult skeletal muscle. Myogenin has been observed to stain the vast majority of rhabdomyosarcomas and Wilm's tumors. No activity was observed in Ewing's sarcoma/peripheral primitive neuroectodermal tumor, or in neuroblastomas.

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 primary antibody. An enzyme label is then 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, mouse, rat and cat

Clone: MyG007 (also known as F5D)

Isotype: IgG1/kappa

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

Epitope/Antigen: Myogenin

Cellular Localization: Nuclear

Positive Tissue Control: Rhabdomyosarcoma

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 Reveal Decloaker. Refer to the 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 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 (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) (5)

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. (6)

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. Zhu BL, *et al.* Changes of myocardial myoglobin, myosin and creatine kinase in cases of sudden nocturnal death syndrome. *Chin Med J (Engl)*. 1994 Jan;107(1):36-40.

2. Kock KF, Simonsen KW. Renal myoglobin in drug addicts: occurrence and significance in a postmortem study. *Forensic Sci Int*. 1994 Mar 25;65(2):113-9.

3. Horike K, *et al.* Relation between myoglobin and cardiac dysfunction in myocarditis--immunohistochemical study endomyocardial biopsy specimens. *Jpn Circ J*. 1991 Jan;55(1):24-32.

4. Leader M, *et al.* Myoglobin: an evaluation of its role as a marker of rhabdomyosarcomas. *Br J Cancer*. 1989 Jan;59(1):106-9.

5. 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."

6. 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.



60 Berry Drive
Pacheco, CA 94553
USA

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Tel: 800-799-9499 | www.biocare.net | Fax: 925-603-8080