

CK5 + p63

Prediluted Cocktail Antibody
901-235-052523

BIOCARE
M E D I C A L

Available Product Formats				
Format	Catalog Number	Description	Dilution	Diluent
Predilute	PM 235 AA, H	6.0, 25 mL	Ready-to-use	N/A
ONCORE Pro	OPAI 235 T60	60 tests	Ready-to-use	N/A

Intended Use:

For In Vitro Diagnostic Use

CK5 + p63 [XM26 + 4A4] is a mouse antibody cocktail that is intended for laboratory use in the qualitative identification of CK5 and p63 proteins by immunohistochemistry (IHC) in 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 and Explanation:

Cytokeratin 5 is a 58 kDa protein that is closely related to CK6. They share similar tissue distribution and are found in various proportions in many non-keratinizing stratified squamous epithelia such as tongue mucosa, basal epithelia hair follicles, trachea, as well as basal cells in prostate glands and in mammary glands. CK5 is also expressed in most epithelial and biphasic mesotheliomas. p63 is detected in prostatic basal cells in normal prostate, however, is negative in malignant tumors of the prostate gland. Thus p63 is useful as a differential marker for benign and malignant tumors of prostate gland and can be useful as a negative marker. p63 also stains basal cell in mammary glands.

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-, two- or three-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. The three-step detection procedure will feature a secondary antibody added to bind to the primary antibody followed by a linker antibody step for maximum binding. An enzyme-labeled polymer is then added to bind to 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: XM26 + 4A4

Isotype: IgG1 + IgG2a

Protein Concentration: Call for lot specific Ig concentration.

Epitope/Antigen: Cytokeratin 5 + p63

Cellular Localization: CK5: Myoepithelium or luminal. p63: Nuclear

Positive Tissue Control: Normal breast or ductal cell carcinoma

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.

Protocol Recommendations (intelliPATH FLX® and manual use):

Peroxide Block: Block for 5 minutes with Peroxidized 1.

Pretreatment Solution (recommended): Reveal Decloaker

Pretreatment Protocol:

Heat Retrieval Method:

Preheat the retrieval solution to 95°C for 30 minutes and then place slides in the preheated solution if using Decloaking Chamber Pro or Decloaking Chamber Plus. If using Decloaking Chamber NxGen, place slides into the retrieval solution without preheating. Retrieve at 95°C for 40 minutes. Allow solution to cool for 20 minutes and then wash in distilled water.

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.

Protocol Recommendations (ONCORE™ Pro Automated Slide Staining System):

OPAI235 is intended for use with the ONCORE Pro. Refer to the User Manual for specific instructions for use. Protocol parameters in the Protocol Editor should be programmed as follows:

Protocol Name: CK5+p63

Protocol Template (Description): Ms HRP Template 1

Dewaxing (DS Buffer Option): DS2-50

Antigen Retrieval (AR Option): AR2, low pH; 101°C

Block Option: Buffer

Reagent Name, Time, Temp.: CK5+p63, 30 min., 25°C

Limitations:

The optimum antibody dilution and 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. The data sheet recommendations and protocols are based on exclusive use of Biocare products. Ultimately, it is the responsibility of the investigator to determine optimal conditions.

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



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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) (4)
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. (5)
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>.

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.

References:

1. Werling RW, *et al.* Immunohistochemical distinction of invasive from noninvasive breast lesions: a comparative study of p63 versus calponin and smooth muscle myosin heavy chain. *Am J Surg Pathol.* 2003 Jan; 27(1):82-90.
2. Bocker W, *et al.* Common adult stem cells in the human breast give rise to glandular and myoepithelial cell lineages: a new cell biological concept. *Lab Invest.* 2002 Jun; 82 (6):737-46.
3. Altmannsberger M, *et al.* Keratin polypeptide distribution in benign and malignant breast tumors: subdivision of ductal carcinomas using monoclonal antibodies. *Virchows Arch B Cell Pathol Incl Mol Pathol.* 1986; 51(3):265-75.
4. 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."
5. 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.