SOX2

Concentrated and Prediluted Monoclonal Antibody
901-3109-052118

BIOCARE MEDICAL

Catalog Number:	**ACI 3109 A, C**	**API 3109 AA**
Description:	0.1, 1.0 ml, concentrated	6.0, prediluted
Dilution:	1:100	Ready-to-use
Diluent:	Van Gogh Yellow	N/A

Intended Use:
For In Vitro Diagnostic Use
SOX2 [BC36] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of SOX2 protein 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:
The SOX2 gene encodes a member of the SRY-related HMG-box (SOX) family of transcription factors. SOX2 is expressed in multipotent neuronal stem cells, and may aid to identify cells that are capable of self-renewal and multipotent differentiation (1-3). SOX2 has been shown to be a negative prognostic factor and associated with aggressive phenotypes in breast, head and neck, gastric, colorectal and bladder cancers (4-10). In small cell lung cancers, SOX2 was also correlated with a poor prognosis. Conversely, SOX2 is expressed in a high percentage of lung squamous cell carcinomas and was shown to be an independent positive prognostic marker (11-14).

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; others not tested
Clone: BC36
Isotype: IgG1/kappa
Total Protein Concentration: ~10 mg/ml. Call for lot specific Ig concentration.
Epitope/Antigen: SOX2
Cellular Localization: Nuclear
Positive Tissue Control: Lung squamous cell carcinoma
Known Applications:
Immunohistochemistry (formalin-fixed paraffin-embedded tissues)
Supplied As: Buffer with protein carrier and preservative
Storage and Stability:
Store at 2ºC to 8ºC. 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 2ºC to 8ºC.

Protocol Recommendations:
Peroxide Block: Block for 5 minutes with Biocare's Peroxidazed 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.

Protocol Recommendations (Cont'd):
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:
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. The clinical interpretation of any positive or negative staining should be evaluated within the context of clinical presentation, morphology and other histopathological criteria by a qualified pathologist. The clinical interpretation of any positive or negative staining should be complemented by morphological studies using proper positive and negative internal and external controls as well as other diagnostic tests.
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
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) (15)
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. (16)
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.

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Rev: 062117

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References:
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3. Ellis P, *et al*. SOX2, a persistent marker for multipotential neural stem cells derived from embryonic stem cells, the embryo or the adult. Dev Neurosci. 2004 Mar-Aug; 26(2-4):148-65.
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