

SOX11 (M)

Concentrated and Prediluted Monoclonal Antibody
901-3120-052623

BIOCARE
M E D I C A L

Catalog Number:	ACI 3120 A, C	API 3120 AA	AVI 3120 G	VLTM 3120 G20
Description:	0.1, 1.0 mL, conc.	6.0 mL, RTU	6.0 mL, RTU	20 mL, RTU
Dilution:	1:100	Ready-to-use	Ready-to-use	Ready-to-use
Diluent:	Renoir Red	N/A	N/A	N/A

Intended Use:

For In Vitro Diagnostic Use

SOX11 (M) [SOX11-C1] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of SOX11 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:

SOX11 (SRY (Sex Determining Region Y)-Box 11) is a member of the SOX family of transcription factors and is involved in the regulation of embryonic development and in the determination of cell fate (1). The diagnosis of mantle cell lymphoma (MCL) can be difficult, especially when t(11;14) translocation and cyclin D1 overexpression are not detected. In such cases, the transcription factor SOX11 represents an important diagnostic marker as it is expressed in most MCLs and, in particular, in all cyclin D1-negative MCLs reported so far (2,3). The novel mouse monoclonal SOX11-C1 antibody displays nuclear staining and offers high sensitivity and improved specificity compared to previous SOX11 antibodies in IHC based detection of MCL. In addition, flow cytometry analysis of blood and tissue samples using SOX11-C1 may allow a convenient approach to early diagnosis and follow-up of MCL patients (4). SOX11 expression has also been shown to be a favorable prognostic marker in glioblastoma (5).

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: SOX11-C1

Isotype: IgG1/kappa

Protein Concentration: Call for lot specific Ig concentration.

Epitope/Antigen: SOX11

Cellular Localization: Nuclear

Positive Tissue Control: Mantle cell lymphoma

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 (VALENT® Automated Slide Staining Platform):

VLTM3120 is intended for use with the VALENT. Refer to the User Manual for specific instructions for use. Protocol parameters in the Protocol Manager should be programmed as follows:

Deparaffinization: Deparaffinize for 8 minutes with Val DePar.

Pretreatment: Perform heat retrieval at 98°C for 60 minutes using Val AR-Hi pH, 5X (use at 1X).

Peroxidase Block: Block for 5 minutes with Val Peroxidase Block.

Protein Block (Optional): Incubate for 10-20 minutes at RT with Val Background Block.

Primary Antibody: Incubate for 45 minutes.

Secondary: Incubate for 10 minutes with Val Mouse Secondary.

Linker: Incubate for 10 minutes with Val Universal Linker.

Polymer: Incubate for 10 minutes with Val Universal Polymer.

Chromogen: Incubate for 5 minutes with Val DAB.

Counterstain: Counterstain for 5 minutes with Val Hematoxylin.

Protocol Recommendations (intelliPATH FLX® and manual use):

Peroxidase Block: Block for 5 minutes with Peroxidase 1.

Pretreatment: Perform heat retrieval using Diva or Reveal Decloaker. Refer to the Diva or Reveal Decloaker product 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.

Protocol Recommendations (Ventana BenchMark ULTRA):

AVI3120 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 64 minutes

Peroxidase: Pre Primary Peroxidase Inhibitor

Primary Antibody: 32 minutes, 36°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

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Limitations Cont'd:

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

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 Directive91/155/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) (6)
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. (7)
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. Pusch C, *et al.* The SOX10/Sox10 gene from human and mouse: sequence, expression, and transactivation by the encoded HMG domain transcription factor. *Hum Genet.* 1998 Aug; 103(2):115-23.
2. Soldini D, *et al.* Assessment of SOX11 expression in routine lymphoma tissue sections: characterization of new monoclonal antibodies for diagnosis of mantle cell lymphoma. *Am J Surg Pathol.* 2014 Jan; 38(1):86-93.
3. Chen YH, *et al.* Nuclear expression of sox11 is highly associated with mantle cell lymphoma but is independent of t(11;14)(q13;q32) in non-mantle cell B-cell neoplasms. *Mod Pathol.* 2010 Jan; 23(1):105-12.
4. Nordström L, *et al.* Expanded clinical and experimental use of SOX11 - using a monoclonal antibody. *BMC Cancer.* 2012 Jun 27; 12:269.
5. Korkolopoulou P, *et al.* Sox11 expression in astrocytic gliomas: correlation with nestin/c-Met/IDH1-R132H expression phenotypes, p-Stat-3 and survival. *Br J Cancer.* 2013 May 28; 108(10):2142-52.
6. 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."
7. 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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