

CD44

Concentrated and Prediluted Monoclonal Antibody
902-318-020518

BIOCARE
M E D I C A L

Catalog Number:	ACR 318 A, B	APR 318 AA
Description:	0.1, 0.5 ml, concentrated	6.0 ml, prediluted
Dilution:	1:100	Ready-to-use
Diluent:	Da Vinci Green	N/A

Intended Use:

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

Summary and Explanation:

CD44 is a transmembranous glycoprotein (80 kDa) responsible for cell adhesion that is expressed in a wide range of normal tissues, such as tonsil, breast, prostate, skin, bladder and cervical squamous epithelium (1). Studies have shown that CD44, also known as HCAM, plays an important role in the cascade of metastasis and progression of human malignant tumors (2). In breast cancer studies, evaluation of CD44 expression has been useful in the differentiation of benign and malignant papillary lesions (2). Expression of CD44s, the most common CD44 isoform, has been reported to be associated with increased survival of patients with node-negative invasive breast carcinoma (3). Further studies have shown a subpopulation of CD44+/CD24- in breast cancer cells have stem/progenitor cell properties (4).

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: 156-3C11

Isotype: IgG2a

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

Epitope/Antigen: CD44

Cellular Localization: Cytoplasmic/cell membrane

Positive Tissue Control: Breast cancer or tonsil

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 Solution (recommended): Reveal

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 Biocare's Decloaking Chamber Pro or Decloaking Chamber Plus. If using Biocare's 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 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.

Staining Protocol Recommendations Cont'd:

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. Fox SB, *et al.* Normal human tissues, in addition to some tumors, express multiple different CD44 isoforms. *Cancer Res.* 1994 Aug 15;54(16):4539-46.

2. Tse GM, *et al.* CD44s is useful in the differentiation of benign and malignant papillary lesions of the breast. *J Clin Path.* 2005 Nov; 58(11):1185-8.

3. Diaz LK, *et al.* CD44 expression is associated with increased survival in node-negative invasive breast carcinoma. *Clin Cancer Res.* 2005 May 1; 11(9):3309-14.

4. Balic M, *et al.* Most early disseminated cancer cells detected in bone marrow of breast cancer patients have a putative breast cancer stem cell phenotype. *Clin Cancer Res.* 2006 Oct 1; 12(19):5615-21.

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.



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