

Factor XIIIa

Concentrated and Prediluted Monoclonal Antibody
902-357-041218

BIOCARE
M E D I C A L

Catalog Number:	ACR 357 AK, CK	APR 357 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 Research Use Only. Not for use in diagnostic procedures.

Summary and Explanation:

This is a monoclonal antibody to the A-subunit of human coagulation Factor XIII. Studies have shown it recognizes human Factor XIII A-chain in both reduced and non-reduced forms. It does not react with human Factor XIII B-chain or human Factor XII. Factor XIII is a beta-globulin found in plasma and is composed of two subunits. Factor XIII-A is the catalytic subunit and is a dimer of M.W. 160,000. According to studies, Factor XIII is present in plasma as an alpha2beta2 heterodimer (M.W. 320,000); whereas in platelets, only the alpha2 unit exists. Factor XIIIa is a dermal dendrocyte marker and shows variable reaction with these types of tumors (3,4). It can be used for histiocytic phenotyping and has been reported to mark capillary hemangiomas and tumors of the central nervous system (1-6). Factor XIIIa has also been used with CD34 to differentiate between dermatofibroma and dermatofibrosarcoma protuberans (3).

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. A secondary antibody may be applied to bind the primary antibody, followed by an enzyme labeled polymer; or an enzyme labeled polymer may be applied directly to bind the primary antibody. The detection of the bound primary antibody is evidenced by an enzyme-mediated colorimetric reaction.

Source: Mouse monoclonal

Species Reactivity: Human; others not tested

Clone: E980.1

Isotype: IgG1

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

Epitope/Antigen: Factor XIIIa C-terminus

Cellular Localization: Cytoplasmic

Positive Tissue Control: Dermatofibroma, placenta or skin

Known Applications:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Supplied As: Buffer with protein carrier and preservative
Van Gogh Yellow (BRR902)

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 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 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 (Na₃N) 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) (7)
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. (8)
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. Probst-Cousin S, Rickert CH, Gullotta F. Factor XIIIa-immunoreactivity in tumors of the central nervous system. Clin Neuropathol. 1998 Mar;17(2):79-84.
2. Silverman JS, Tamsen A. High grade malignant fibrous histiocytomas have bimodal cycling populations of factor XIIIa + dendrophages and dedifferentiated mesenchymal cells possibly derived from CD34+ fibroblasts. Cell Vis. 1998 Jan;5(1):73-6.
3. Goldblum JR, Tuthill RJ. CD34 and factor-XIIIa immunoreactivity in dermatofibrosarcoma protuberans and dermatofibroma. Am J Dermatopathol. 1997 Apr;19(2):147-53.
4. Zelger BG, *et al.* Granular cell dermatofibroma. Histopathology. 1997 Sep;31(3):258-62.
5. Silverman JS, Lomvardias S. An unusual soft tissue tumor with features of angiomatoid malignant fibrous histiocytoma composed of bimodal CD34 and factor XIIIa positive dendritic cell subsets. CD34 and factor XIIIa in angiomatoid MFH. Pathol Res Pract. 1997;193(1):51-8.
6. Sanguenza OP, *et al.* Juvenile xanthogranuloma: a clinical, histopathologic and immunohistochemical study. J Cutan Pathol. 1995 Aug;22(4):327-35.
7. 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."
8. 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

Rev: 062117

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