**c-Myc**
Concentrated and Prediluted Rabbit Monoclonal Antibody
901-415-061220

**Catalog Number:**
- **CME 415 AK, CK**
- **PME 415 AA**
- **AVI 415 G**

**Description:**
- 0.1, 1.0 mL, conc.
- 6.0 mL, RTU
- 6.0 mL, RTU

**Dilution:**
- 1:100
- Ready-to-use
- Ready-to-use

**Diluent:**
- Renoir Red
- N/A
- N/A

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**Intended Use:**
For In Vitro Diagnostic Use

c-Myc [EP121] is a rabbit monoclonal antibody that is intended for laboratory use in the qualitative identification of c-Myc 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 oncogene-encoded protein c-Myc is a transcription factor localized to the nucleus of the cell. c-Myc is postulated to play a role in activating the transcription of growth related genes, thereby influencing cell proliferation, differentiation, apoptosis, and cell cycle progression (1-4).

Amplification of the c-Myc gene has been found in several types of human tumors. Studies have shown that c-Myc is essential for vasculogenesis and angiogenesis in neoplastic disease (2). c-Myc oncogene activity may also be necessary for the translocation(s) seen in human breast tumors identified to have a poor-prognosis signature and metastasis to distant sites (1,3). Over-expression of the c-Myc oncogene has been implicated in the development and progression of human prostate carcinoma (2,4).

**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 one-step or two-step detection procedure can be applied. A one-step procedure will feature an enzyme labeled polymer that binds the primary antibody. A two-step procedure will feature a linker antibody added to bind to the primary antibody. An enzyme-labeled polymer is then added to bind the linker antibody. These detections of the bound antibodies are evidenced by a colorimetric reaction.

**Source:** Rabbit monoclonal

**Species Reactivity:** Human, others not tested

**Clone:** EP121 (previously known as Y69)

**Isotype:** IgG

**Protein Concentration:** Call for lot specific Ig concentration.

**Epitope/Antigen:** Synthetic peptide corresponding to residues in N-terminus of human c-Myc

**Cellular Localization:** Nuclear

**Positive Tissue Control:** Some prostate or breast cancer

**Known Applications:**
- Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

**Supplied As:** Buffer with protein carrier and preservative
- Renoir Red Diluent (PD904)

**Storage and Stability:**
Store at 2ºC to 8ºC. 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 reagent should be stored at 2ºC to 8ºC.

**Protocol Recommendations (intelliPATH FLX® and manual use):**

**Peroxide Block:** Block for 5 minutes with Peroxidized 1.

**Pretreatment:** Perform heat retrieval using Diva or Borg Decloaker. Refer to the Diva or Borg Decloaker product data sheet for specific instructions.

**Protocol Recommendations (Ventana BenchMark ULTRA):**
AVI415 is intended for use with the BenchMark ULTRA. Refer to the User Manual for specific instructions for use. Recommended protocol parameters are as follows:

<table>
<thead>
<tr>
<th>Template/Detection</th>
<th>OptiView DAB IHC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pretreatment Protocol:</strong></td>
<td>CC1 48 minutes</td>
</tr>
<tr>
<td><strong>Peroxidase:</strong></td>
<td>Pre Primary Peroxidase Inhibitor</td>
</tr>
<tr>
<td><strong>Primary Antibody:</strong></td>
<td>32 minutes, 36°C</td>
</tr>
</tbody>
</table>

**Amplification Kit:**
- 4 minutes, 4 minutes

**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:**

**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.
Precautions Cont’d:
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. (6)
3. 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:
cancer cell state. Proc Natl Acad Sci U S A. 2010 Feb 23; 107(8):3698-
703.
2. Gurel B, et al. Nuclear MYC protein overexpression is an early
alteration in human prostate carcinogenesis. Mod Pathol. 2008 Sep;
21(9):1156-67.
3. Park K, et al. c-myc amplification is associated with HER2 amplification
and closely linked with cell proliferation in tissue microarray of
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
Produced using Abcam's RabMab® technology. RabMab® technology is
covered by the following U.S. Patents, No. 5,675,063 and/or 7,429,487.
VP Echelon Series antibodies are developed solely by Biocare Medical
LLC and do not imply approval or endorsement of Biocare's antibodies
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