Summary and Explanation:
NKX3.1 is a protein found in humans and is encoded by the NKX3.1 gene located on chromosome 8. The homeodomain containing transcription factor NKX3A is a putative prostate tumor suppressor that is expressed in a largely prostate-specific and androgen-regulated manner. NKX3.1 protein has been found to be positive in the vast majority of primary prostatic adenocarcinomas. A recent study showed that NKX3.1 staining was highly sensitive and specific for high-grade prostatic adenocarcinomas. The sensitivity for identifying metastatic prostatic adenocarcinomas overall was 98.6% (68/69 cases positive) for NKX3.1, and 94.2% (65/69 cores positive) for PSA. The specificity of NKX3.1 was 98.6% (68/69 cases) for NKX3.1, adenocarcinomas overall was 98.6% (68/69 cases positive) for NKX3.1, and 94.2% (65/69 cores positive) for PSA. The specificity of NKX3.1 was 98.6% (68/69 cases positive) for NKX3.1, and 94.2% (65/69 cores positive) for PSA. The specificity of NKX3.1 was 98.6% (68/69 cases positive) for NKX3.1, and 94.2% (65/69 cores positive) for PSA. The specificity of NKX3.1 was 98.6% (68/69 cases positive) for NKX3.1, and 94.2% (65/69 cores positive) for PSA.

 Protocol Name: NKX3.1 Rb
 Protocol Template (Description): Rb HRP Template 1
 Dewaxing (DS Buffer Option): DS Buffer
 Antigen Retrieval (AR Option): AR1, high pH; 103°C
 Block Option: Buffer
 Reagent Name, Time, Temp.: NKX3.1 Rb, 30 min., 37°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 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) (4)
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. (5)
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: