CD43

Format	Catalog no.	Pack size	Dilution
Concentrated	GB 005 A	0.1, 1.0 mL	1;100
Prediluted	GB 005 AA	6.0 mL	Ready to use

PRODUCT DESCRIPTION -

The CD43 antibody identifies a cell surface glycoprotein with a molecular weight of 95/115/135 kDa, contingent upon the degree of glycosylation, known as CD43 (leukosialin, sialophorin, or leukocyte sialoglycoprotein). CD43 is demonstrated to be expressed on all thymocytes, T-cells, and endothelial cells. CD43 may assist in differentiating extranodal marginal zone B-cell lymphoma from other reactive skin conditions. The CD43 antibody is effective in facilitating the identification and categorization of T-cell malignancies and low-grade B-cell lymphomas.

INTENDED USE -

CD43 [DF-T1] is a mouse monoclonal antibody that is intended for laboratory use in the qualitative identification of CD43 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 -

Studies have shown CD43 recognizes a 95/115/135 kDa (depending upon the extent of glycosylation) cell surface glycoprotein, identified as CD43 (leukosialin, sialophorin, or leukocyte sialoglycoprotein) (4th Leucocyte Workshop). CD43 is expressed on all thymocytes and T-cells (1-6). This antibody has been shown to aid in the identification and classification of T-cell malignancies and low grade B-cell lymphomas.

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 - DF-T1

ISOTYPE - IgG1

PROTEIN CONCENTRATION - ~10 mg/ml. Call for lot specific Ig Concentration.

EPITOPE/ANTIGEN - CD43

CELLULAR LOCALISATION - Cell surface

POSITIVE TISSUE CONTROL - Tonsil or T-cell lymphoma

KNOWN APPLICATIONS - Immunohistochemistry
30-40 min. At RT. Staining of formalin-fixed tissues requires heating tissue sections in between pH 7.4 - 9.0 for 45 min at 95°C followed by cooling at room temperature for 20 minutes.

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.

Materials required but not provided -

1) Positive tissue control - Tonsil or T-cell lymphoma
2) Negativecontroltissue(internalorexternal)
3) Microscopeslidesandcoverslips
4) Stainingjarsorbaths
5) Timer
6) Xyleneorxylenesubstitute
7) Ethanolorreagentalcohol
8) Deionizedordistilledwater
9) Heatingequipmentorenzymefortissuepretreatmentstep

10)Detection system
11)Chromogen
12)Wash buffer
13) Hematoxylin
14)Antibody diluents
15)Peroxide block
16)Light microscope
17)Mounting medium

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 Genebio products. Ultimately, it is the responsibility of the investigator to determine optimal conditions. The clinical interpretation of any positive or negative staining should be evaluated within the context of clinical presentation, morphology and other histopathological criteria by a qualified pathologist. The clinical interpretation of any positive or negative staining should be complemented by morphological studies using proper positive and negative internal and external controls as well as other diagnostic tests.