

CD34

Concentrated and Prediluted Monoclonal Antibody

Control Number: 902-084-090917

Catalog Number:	ACR 084 A, B, C	APR 084 AA, H
Description:	0.1, 0.5, 1.0 ml, concentrated	6.0, 25 ml, prediluted
Dilution:	1:50-1:100	Ready-to-use
Diluent:	Da Vinci Green	N/A

Intended Use:

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

Summary and Explanation:

CD34 recognizes a single chain transmembrane glycoprotein of 110 kDa. This antigen is selectively expressed in human lymphoid and myeloid hematopoietic progenitor cells. The antibody to CD34 also reacts with vascular endothelial cells in normal tissues, and in benign and malignant proliferations. The utility of CD34 has value in the studies of benign and malignant vascular tumors as well as characterization of acute leukemia in bone marrow. CD34 has been used to measure angiogenesis in many types of tumors, which reportedly predicts tumor recurrence. It is also used to differentiate dermatofibrosarcoma protuberans from fibrous histiocytoma.

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: QBEnd/10

Isotype: IgG1

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

Epitope/Antigen: CD34

Cellular Localization: Cell surface and cytoplasmic

Positive Tissue Control: Tonsil, skin or angiosarcoma

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: Perform heat retrieval using Biocare's Diva Decloaker. Refer to the Diva 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 (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) (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. Rimsza LM, *et al.* The presence of CD34+ cell clusters predicts impending relapse in children with acute lymphoblastic leukemia receiving maintenance chemotherapy. *Am J Clin Pathol.* 1998 Sep;110(3):313-20.
2. Bettencourt MC, *et al.* CD34 immunohistochemical assessment of angiogenesis as a prognostic marker for prostate cancer recurrence after radical prostatectomy. *J Urol.* 1998 Aug;160(2):459-65.
3. Sauter B, F *et al.* Immunoelectron microscopic characterization of human dermal lymphatic microvascular endothelial cells. Differential expression of CD31, CD34, and type IV collagen with lymphatic endothelial cells vs blood capillary endothelial cells in normal human skin, lymphangioma, and hemangioma in situ. *J Histochem Cytochem.* 1998 Feb;46(2):165-76.
4. Diaz-Cascajo C, *et al.* Dermatofibrosarcoma protuberans with fibrosarcomatous areas: a clinico-pathologic and immunohistochemic study in four cases. *Am J Dermatopathol.* 1997 Dec;19(6):562-7.
5. Yamane H, *et al.* Small cell lung cancer can express CD34 antigen. *Anticancer Res.* 1997 Sep;17(5A):3627-32.
6. Raspadori D, *et al.* Incidence and prognostic relevance of CD34 expression in acute myeloblastic leukemia: analysis of 14 cases. *Leuk Res.* 1997 Jul;21(7):603-7.
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.