

Anti-Human CD95 [EP208]

Catalog No.	Description	
AN742-5M	6 ml of Ready-to-Use Antibody for use with BioGenex Super Sensitive TM Detection Systems OR equivalent detection system	
AN742-10M	10 ml of Ready-to-Use Antibody in a barcode labeled vial for use with BioGenex Super Sensitive TM Detection Systems and i6000 TM Automated Staining Systems	
NU742-UC	1 ml of Concentrated Antibody for use with BioGenex Super Sensitive TM Detection Systems OR equivalent detection system	
NU742-5UC	C 0.5 ml of Concentrated Antibody for use with BioGenex Super Sensitive TM Detection Systems OR equivalent detection system	
AY742-YCD	Y742-YCDReady-to-Use Antibody in Barcode labeled vial for use on the Xmatrx [®] Elite/Ultra Staining System, 160 tests	
AY742-50D	AY742-50DReady-to-Use Antibody in Barcode labeled vial for use on the Xmatrx® Elite/Ultra Staining System, 50 tests	

Clone	Species	Ig Class
EP208	Rabbit	IgG

Intended Use

For Research Use. This antibody is designed for the specific localization of CD95 in formalin-fixed, paraffin-embedded tissue sections. Evaluation must be performed by a qualified pathologist.

Summary and Explanation

The CD95 (Fas) protein is a cell surface receptor belonging to the tumor necrosis factor (TNF) family that transduces death signaling on engagement by multimeric Fas ligand (CD95L), of which there are eight in its membrane –bound form or in its soluble form resulting from cleavage by a putative metalloproteinase. CD95 is a widely expressed protein. During embryonic and postembryonic development, many cells die by means of apoptosis. This plays a major role in determining morphological and functional maturity in a variety of systems, including the formation of the neural network and clonal deletion of autoreactive T cells.

Storage and Handling

Store at 2-8°C. Fresh dilutions, if required, should be prepared prior to use and are stable and steady for up to one day at room temperature (20-26°C). Diluted antibody preparations can be refrigerated or frozen for extended shelf life.

Principles of the Procedure

Antigen detection by immunohistochemistry (<u>IHC</u>) is a two-step process wherein the primary antibody binds to the antigen of interest and that binding is detected by a chromogen. The <u>primary</u> <u>antibody</u> may be used in IHC using manual techniques or BioGenex Automated Staining System. Positive and negative controls should always be run simultaneously with all patient specimens.

Reagents Provided

Rabbit Monoclonal Antibody to CD95 is affinity purified and diluted in PBS, pH 7.2, containing 1% BSA and 0.09% sodium azide.

Dilution of Primary Antibody

BioGenex Ready-to-Use antibodies have been optimized for use with the recommended BioGenex Detection System and should not require further dilution.

BioGenex concentrated antibodies must be diluted in accordance with the recommended protocol when used with the recommended BioGenex Detection System.

Recommended Protocol

Refer to the following table for conditions specifically recommended for this antibody. Refer to the BioGenex website for guidance on specific staining protocols or other requirements.

Parameter	BioGenex Recommendations		
Control Tissue	TONSILas available with Biogenex FB-742N* & FG- 742N*		
Recommended Dilution for Concentrated Antibody	1:30-50 in HK941		
Recommended Pretreatment (Manual/i6000)**	EZ-AR2 (HK522-XAK)		
Recommended	EZ-AR2 Elegance (HX032-		
Pretreatment (Xmatrx)	YCD)		
Antibody Incubation (Manual/i6000)	30-60 mins at RT		
Antibody Incubation (Xmatrx)	30-60 mins at RT		
Detection System for Manual, Xmatrx & i6000 systems***	Use BioGenex Two-Step OR One-Step Super Sensitive TM Polymer-HRP IHC Detection System/DAB; see p. 2 for more information		

*FB: positive control barrier slides, FG: positive control nonbarrier slides. Xmatrx requires barrier slides.

**Pretreatment times will vary based on individual microwave power.

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***For automation systems (Xmatrx-Elite, Xmatrx-Ultra & i6000 Diagnostics), refer to the factory protocols provided with the instrument.

Detection	Two-Step	One-Step	Link and
System	HRP Kit	HRP Kit	Label Kit
Manual	QD440-XAKE (1000 Test) QD430-XAKE (1000 Test)	QD630-XAKE (1000 Test)	QP300-XAKE (1000 Test)
Manual	QD420-YIKE (500 Test) QD400-60KE (60 Test)	QD620-XAKE (500 Test)	QP900-9LE (500 Test)
Xmatrx -	QD550-YCDE	QD610-YADE	N/A
Automation	(200 Test)	(200 Test)	
i6000 -	QD410-YAXE	QD610-YAXE	N/A
Automation	(200 Test)	(200 Test)	
For more information, visit <u>www.biogenex.com</u> .			

Precautions

This product contains sodium azide at concentrations of less than 0.1%. Sodium azide is not classified as a hazardous chemical at the product concentrations, but proper handling protocols should be observed. For more information, a Safety Data Sheet (SDS) for sodium azide is available upon request. Dispose of unused reagents according to Local, State and Federal Regulations. Wear suitable Personal Protective Equipment, do not pipette reagents by mouth, and avoid contact of reagents and specimens with skin and mucous membranes. If reagents or specimens come in contact with sensitive area, wash with copious amounts of water.

Quality Control

Refer to BioGenex detection system documents for guidance on general quality control procedures.

Troubleshooting

Refer to the troubleshooting section in the documentation for BioGenex Detection Systems (or equivalent detection systems) for remedial actions on detection system related issues, or contact BioGenex Technical Support Department at 1-800-421-4149 or <u>support@biogenex.com</u> or your local distributor to report unusual staining.

Expected Results

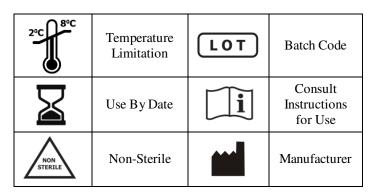
This antibody stains membrane/cytoplasm in positive cells in formalin-fixed, paraffin embedded tissue sections. An example image of a tissue section stained with this antibody can be found on the product page on the BioGenex website. Interpretation of the staining result is solely the responsibility of the user. Experimental results should be confirmed by a medicallyestablished diagnostic product or procedure.

Limitations of the Procedure

Improper tissue handling and processing prior to immunostaining can lead to inconsistent results. Variations in embedding and fixation or the nature of the tissue may lead to variations in results. Endogenous peroxidase activity or pseudo peroxidase activity in erythrocytes and tissue biotin may result in non-specific staining based on the detection system employed. Tissues containing Hepatitis B Surface Antigen (HBsAg) may give false positive with horseradish peroxidase systems. Improper counterstaining and mounting may compromise the interpretation of results.

Bibliography

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