

Anti-N-cadherin [5D5]

Catalog No.	Description		
AM928-5M 6 ml of Ready-to-Use Antibody for use wit BioGenex Super Sensitive TM Detection Systems OR equivalent detection system			
AM928-10M	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		
MU928-UC	1 ml of Concentrated Antibody for use with BioGenex Super Sensitive TM Detection Systems OR equivalent detection system		
MU928-5UC	0.5 ml of Concentrated Antibody for use with BioGenex Super Sensitive TM Detection Systems OR equivalent detection system		
AX928-YCD Ready-to-Use Antibody in Barcode labeled vial for use on the Xmatrx [®] Elite/Ultra Staining System, 160 tests			
AX928-50D	Ready-to-Use Antibody in Barcode labeled vial for use on the Xmatrx® Elite/Ultra Staining System, 50 tests		

Clone	Species	Ig Class
5D5	Mouse	IgG1

Intended Use

For In Vitro Diagnostic Use. This antibody is designed for the specific localization of N-cadherin in formalin-fixed, paraffinembedded (FFPE) tissue sections. Evaluation must be performed by a qualified pathologist.

Summary and Explanation

N-cadherin is a 140 kDa protein belonging to a family of transmembrane molecules that mediate calcium-dependent intercellular adhesion. Cadherins are involved in controlling morphogenetic movements during development and regulate cell surface adhesion through homotypic adhesion with the same cadherin species. N-cadherin's function is dependent on its association with the actin-cytoskeleton and is mediated through interactions between the C-terminal region of N-cadherin and the cytoplasmic catenin proteins. The stability of this association is regulated by phosphorylation and dephosphorylation of betacatenin. N-cadherin acts as a regulator of neural stem cells quiescence by mediating anchorage of neural stem cells to ependymocytes in the adult subependymal zone. N-cadherin is required during gastrulation for establishment of left-right asymmetry.

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 (IHC) is a two-step process wherein the primary antibody binds to the antigen of interest and that binding is detected by a chromogen. The primary antibody 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

Mouse Monoclonal Antibody N-cadherin 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	Heart and renal carcinoma tissue as available with Biogenex FB- 928M* & FG-928M*	
Recommended Dilution for Concentrated Antibody	1:50-100 in HK156	
Recommended Pretreatment (Manual/i6000)**	EZ-AR2 (HK522-XAK)	
Recommended	EZ-AR2 Elegance	
Pretreatment (Xmatrx)	(HX032-YCD)	
Antibody Incubation (Manual/i6000)	30-60 Min at RT	
Antibody Incubation (Xmatrx)	30-60 Min at 25°C	
	Use BioGenex Two-Step OR	
Detection System for	One-Step Super Sensitive TM	
Manual, Xmatrx & i6000	Polymer-HRP IHC Detection	
systems***	System/DAB; see p. 2 for more information	

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*FB: positive control micro chamberslides, FG: positive control microscopic slides. Xmatrx requires micro chamberslides.

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

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 support@biogenex.com or your local distributor to report unusual staining.

Expected Results

This antibody stains cell membrane in positive cells in formalinfixed, 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

- 1. Liu J, Li J, et al: Loss of DLG5 promotes breast cancer malignancy by inhibiting the Hippo signaling pathway. Sci Rep. 2017 Feb 7;7:42125.
- 2. Kwon YS, Park T, Cho Y, Bae MH, Kim S. Clinical usefulness of immunohistochemistry for plakoglobin, N-cadherin, and connexin-43 in the diagnosis of arrhythmogenic right ventricular cardiomyopathy. Int J Clin Exp Pathol. 2013 Nov 15;6(12):2928-35.
- 3. Ordóñez NG. The diagnostic utility immunohistochemistry in distinguishing between mesothelioma and renal cell carcinoma: a comparative Pathol. 2004 study. Hum Jun;35(6):697-710.
- Abutaily Addis BJ, WR. AS, Roche Immunohistochemistry in the distinction between malignant mesothelioma and pulmonary adenocarcinoma: a critical evaluation of new antibodies. J Clin Pathol. 2002 Sep;55(9):662-8.

2°C 8°C	Temperature Limitation	IVD	In Vitro Diagnostic Medical Device
\boxtimes	Use By Date	LOT	Batch Code
NON STERILE	Non-Sterile	[]i	Consult Instructions for Use
EC REP	Representative in the European Community		Manufacturer

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