CE
EC REP Emergo Europe, Prinsessegracht 20, 2514AP The Hague, The Netherlands

Anti-PGP9.5/UchL1 [UCHL1/775]

Catalog No.	Description
AMA27-5M	6 ml of Ready-to-Use Antibody for use with BioGenex Super Sensitive™ Detection Systems OR equivalent detection system
AMA27-10M	10 ml of Ready-to-Use Antibody in a barcode labeled vial for use with BioGenex Super Sensitive™ Detection Systems and i6000™ Automated Staining Systems
MUA27-UC	1 ml of Concentrated Antibody for use with BioGenex Super Sensitive™ Detection Systems OR equivalent detection system
MUA27-5UC	0.5 ml of Concentrated Antibody for use with BioGenex Super Sensitive™ Detection Systems OR equivalent detection system
AXA27-YCD	Ready-to-Use Antibody in Barcode labeled vial for use on the Xmatrx® Elite/Ultra Staining System, 160 tests
AXA27-50D	Ready-to-Use Antibody in Barcode labeled vial for use on the Xmatrx® Elite/Ultra Staining System, 50 tests

Clone	Species	Ig Class
UCHL1/775	Mouse	IgG1, kappa

Intended Use

For In Vitro Diagnostic Use. This antibody is designed for the specific localization of PGP9.5/UchL1 in formalin-fixed, paraffin-embedded (FFPE) tissue sections. Evaluation must be performed by a qualified pathologist.

Summary and Explanation

This antibody reacts with a 20-30kDa protein, identified as PGP9.5, also known as ubiquitin UchL1. PGP9.5 is highly expressed in neurons and to cells of the diffuse neuroendocrine system and their tumors. It is abundantly present in all neurons (accounts for 1-2% of total brain protein), expressed specifically in neurons and testis/ovary. Although PGP9.5 protein expression is specific to neurons and testis/ovary tissue, it has been found to be expressed in certain lung-tumor cell lines. This abnormal expression of PGP9.5 is implicated in cancer and has led to the designation of PGP9.5 as an oncogene. Immunostaining for PGP9.5 has been shown in a wide variety of mesenchymal neoplasms as well. A mutation in PGP9.5 gene is believed to cause a form of Parkinson's disease.

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 PGP9.5/UchL1 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	Brain as available with Biogenex FB-A27M* & FG-A27M*
Recommended Dilution for Concentrated Antibody	**1:20-50 in HK941**
Recommended Pretreatment (Manual/i6000)**	EZ-AR2 (HK522-XAK)
Recommended Pretreatment (Xmatrx)	EZ-AR2 Elegance (HX032-YCD)
Antibody Incubation (Manual/i6000)	30-60 min at RT
Antibody Incubation (Xmatrx)	30-60 min at 25°C
Detection System for Manual, Xmatrx & i6000 systems***	Use BioGenex Two-Step **OR** One-Step Super Sensitive™ Polymer-HRP IHC Detection System/DAB; see p. 2 for more information

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

48810 Kato Road, Suite 100E & 200E, Fremont, CA 94538, Tel: +1 (800) 421-4149, Fax: +1 (510) 824-1490, support@biogenex.com, www.biogenex.com

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

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 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 medically-established 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. Wilkinson, K.D., et al. 1989. The neuron-specific protein PGP 9.5 is a ubiquitin carboxyl-terminal hydrolase. Science 246: 670-672.
2. Doran JF, Jackson P, Kynoch PA, Thompson RJ (Jun 1983). "Isolation of PGP 9.5, a new human neurone-specific protein detected by high-resolution two-dimensional electrophoresis". Journal of Neurochemistry. 40 (6): 1542–7.
3. "Entrez Gene: UCHL1 ubiquitin carboxyl-terminal esterase L1 (ubiquitin thiolesterase)".
4. Das C, Hoang QQ, Kreinbring CA, Luchansky SJ, Meray RK, Ray SS, Lansbury PT, Ringe D, Petsko GA (Mar 2006). "Structural basis for conformational plasticity of the Parkinson's disease-associated ubiquitin hydrolase UCH-L1". Proceedings of the National Academy of Sciences of the United States of America. 103 (12): 4675–80.
5. Leroy E, Boyer R, Auburger G, Leube B, Ulm G, Mezey E, Harta G, Brownstein MJ, Jonnalagada S, Chernova T, Dehejia A, Lavedan C, Gasser T, Steinbach PJ, Wilkinson KD, Polymeropoulos MH (Oct 1998). "The ubiquitin pathway in Parkinson's disease". Nature. 395 (6701): 451–2.
6. Harhangi BS, Farrer MJ, Lincoln S, Bonifati V, Meco G, De Michele G, Brice A, Dürr A, Martinez M, Gasser T, Bereznai B, Vaughan JR, Wood NW, Hardy J, Oostra BA, Breteler MM (Jul 1999). "The Ile93Met mutation in the ubiquitin carboxy-terminal-hydrolase-L1 gene is not observed in European cases with familial Parkinson's disease". Neuroscience Letters. 270 (1): 1–4.

	Temperature Limitation		In Vitro Diagnostic Medical Device
	Use By Date		Batch Code
	Non-Sterile		Consult Instructions for Use
	Representative in the European Community		Manufacturer