

Anti-Thyroid Peroxidase [TPO/3694]

Catalog No.	Description		
AMA54-5M	6 ml of Ready-to-Use Antibody for use with BioGenex Super Sensitive TM Detection Systems OR equivalent detection system		
AMA54-10M	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		
MUA54-UC 1 ml of Concentrated Antibody for use BioGenex Super Sensitive TM Detection Systems OR equivalent detection system			
MUA54-5UC	0.5 ml of Concentrated Antibody for use with BioGenex Super Sensitive TM Detection Systems OR equivalent detection system		
AXA54-YCD	Ready-to-Use Antibody in Barcode labeled vial for use on the Xmatrx® Elite/Ultra Staining System, 160 tests		
AXA54-50D	Ready-to-Use Antibody in Barcode labeled vial for use on the Xmatrx [®] Elite/Ultra Staining System, 50 tests		

Clone	Species	Ig Class
TPO/3694	Mouse	IgG1, kappa

Intended Use

For In Vitro Diagnostic Use. This antibody is designed for the specific localization of Anti-Thyroid Peroxidase in formalinfixed, paraffin-embedded (FFPE) tissue sections. Evaluation must be performed by a qualified pathologist.

Summary and Explanation

Thyroid peroxidase (TPO) antibodies are a marker for the presence of autoimmune thyroid disease. The main function of TPO is to detect the level of iodination of tyrosine residues in thyroglobulin and phenoxy-ester formation between pairs of iodinated tyrosines to generate the thyroid hormones, thyroxine and tri-iodothyronine. Several disorders of thyroid hormonegenesis, including congenital hypothyroidism, congenital goiter, and thyroid hormone organification defect IIA occur due to mutations in this gene. Malignant thyroid tumors show irregularities in TPO level resulting in lower affinity for anti-TPO. This antibody may help us to differentiate between benign and malignant thyroid tumors.

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 <u>primary 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

Mouse Monoclonal Antibody TPO 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	Thyroid carcinoma as available with Biogenex FB-A54M* & FG-A54M*	
Recommended Dilution for Concentrated Antibody	1:10-25 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.

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(Emergo Europe, Prinsessegracht 20, 2514AP The Hague, The Netherla
EC R	REF	

OD 440 WARE		Label Kit
QD440-XAKE (1000 Test) QD430-XAKE (1000 Test)	QD630-XAKE (1000 Test)	QP300-XAKE (1000 Test)
QD420-YIKE (500 Test) QD400-60KE (60 Test)	QD620-XAKE (500 Test)	QP900-9LE (500 Test)
QD550-YCDE (200 Test)	QD610-YADE (200 Test)	N/A
QD410-YAXE (200 Test)	QD610-YAXE (200 Test)	N/A
	QD430-XAKE (1000 Test) QD420-YIKE (500 Test) QD400-60KE (60 Test) QD550-YCDE (200 Test) QD410-YAXE (200 Test)	QD430-XAKE (1000 Test) (1000 Test) QD420-YIKE (500 Test) QD400-60KE (500 Test) QD550-YCDE QD610-YADE (200 Test) QD410-YAXE QD610-YAXE

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 and membrane 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 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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- 4. Center for Disease Control. Decontamination of Laboratory Sink Drains to Remove Azide Salts. Center for Disease Control Manual Guide--Safety Management, No. CDC-22, Atlanta, Georgia. April 30, 1976.
- 5. Kiernan JA. Histological and Histochemical Methods: Theory and Practice. New York: Pergamon Press 1981.
- 6. Nadji M, Morales AR. Immunoperoxidase, part 1: the techniques and its pitfall. Lab Med 1983; 14:767-770.
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- 8. U.S. Congress. Clinical Laboratory Improvement Amendments of 1988: Final Rule, 57 FR 7163, February 28, 1992.
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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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