



CD31 (PECAM-1)

Concentrated and Prediluted Monoclonal Antibody

Control Number: 901-347-022908

ISO
9001:2000
CERTIFIED

Catalog Number: CM 347 A,B,C PM 347 AA
Description: 0.1, 0.5, 1.0 ml, concentrated 6.0 ml, prediluted
Dilution: 1:200-1:500 Ready-to-use
Diluent: Renoir Red N/A

Pretreatment Protocol:

Heat Retrieval Method:
Retrieve sections under pressure using BIOCARE's Decloaking Chamber, followed by a wash in distilled water. Alternatively, steam tissue sections for 45-60 minutes. Allow solution to cool for 20 minutes then wash in distilled water.

Intended Use:

For In Vitro Diagnostic Use

Summary and Explanation:

CD31 recognizes a 100kDA glycoprotein in endothelial cells and 130kD in platelets. It reacts weakly with mantle zone B-cells, peripheral T-cells, and neutrophils. CD31 can detect vascular endothelium associated antigen and has been used as a marker for benign and malignant human vascular disorders, myeloid leukemia infiltrates and megakaryocytes in normal bone marrow. When compared to Factor VIII and CD34 antibodies, studies have shown CD31 to be a superior marker for angiogenesis. CD31 has been used to measure angiogenesis, which reportedly predicts tumor recurrence. CD31 used in a panel with CD34 and Factor VIII has also been used to mark Kaposi's sarcoma and angiosarcomas. Other studies have also indicated that CD31 and CD34 can be used as markers for myeloid progenitor cells that recognize different subsets of myeloid leukemia infiltrates (granular sarcomas).

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. After labeling the antigen with a primary antibody, a universal, affinity-purified, secondary antibody is added to bind to the primary antibody. An enzyme label is then added to bind to the secondary antibody; this detection of the bound antibody is evidenced by a colorimetric reaction.

Source: Mouse monoclonal

Species Reactivity: Human; others not tested

Clone: BC2

Isotype: IgG1/kappa

Epitope/Antigen: CD31

Cellular Localization: Cytoplasmic/membrane

Positive Control: Tonsil, angiosarcoma, or colon cancer

Normal Tissue: N/A

Abnormal Tissue: N/A

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

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.

Protocol Recommendations

Peroxide Block:

If using an HRP system, block for 5 minutes with BIOCARE's PEROXIDAZED 1.

Pretreatment Solution (recommended): Diva

Protein Block:

Incubate for 10-15 minutes at RT with BIOCARE's Background Sniper.

Primary Antibody: Incubate for 30 minutes at RT.

Probe: N/A

Polymer: Incubate for 30 minutes at RT with a Polymer.

Chromogen:

Incubate for 5 minutes at RT when using BIOCARE's DAB. - OR - Incubate for 10 minutes at RT when using BIOCARE's Vulcan Fast Red.

Technical Note:

This antibody has been standardized with BIOCARE's MACH 2 detection system. It can also be used on an automated staining system and with other BIOCARE polymer detection kits. Use TBS buffer for washing steps.

Performance Characteristics:

The optimum antibody dilution and protocols for a specific application can vary. These include, but are not limited to: fixation, heat-retrieval method, incubation times, tissue section thickness and detection kit used. Due to the superior sensitivity of these unique reagents, the recommended incubation times and titers listed are not applicable to other detection systems, as results may vary. The data sheet recommendations and protocols are based on exclusive use of BIOCARE products. Ultimately, it is the responsibility of the investigator to determine optimal conditions. These products are tools that can be used for interpretation of morphological findings in conjunction with other diagnostic tests and pertinent clinical data by a qualified pathologist.

Quality Control:

Refer to NCCLS Quality Assurance for Immunocytochemistry approved guidelines, December 1999 MM4-A Vol.19 No.26 for more information about Tissue Controls.

Precautions:

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)

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.

Microbial contamination of reagents may result in an increase in nonspecific staining. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change. The MSDS is available upon request.

Troubleshooting:

Follow the antibody specific protocol recommendations according to data sheet provided. If atypical results occur, contact BIOCARE's Technical Support at 1-800-542-2002.

Limitations and Warranty:

There are no warranties, expressed or implied, which extend beyond this description. BIOCARE is not liable for property damage, personal injury, or economic loss caused by this product.



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2. Rongioletti F et al. Tumor vascularity as a prognostic indicator in intermediate-thickness (0.76-4 mm) cutaneous melanoma. A quantitative assay. *Am J Dermatopathol* 1996 Oct;18(5):474-7.
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4. Russell Jones R et al. Staining for CD31 and CD34 in Kaposi sarcoma. *Virchows Arch* 1996 Jul;428(4-5):217-21.
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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. National Committee for Clinical Laboratory Standards(NCCLS). Protection of laboratory workers from infectious diseases transmitted by blood an

