EpiDtect™

CA19-9 Primary Antibody

Clone: 121SLE *(Mouse Monoclonal)*

Localization – Cytoplasm
Host Species – Mouse
Ig Class – IgM

ORDERING INFORMATION	
CATALOG#	**DESCRIPTION**
DH072-01C	0.1 ML Concentrated Antibody Vial
DH072-05C	0.5 ML Concentrated Antibody Vial
DH072-1C	1 ML Concentrated Antibody Vial
DH072-3R	3 ML Ready-to-Use Antibody Vial
DH072-6R	6 ML Ready-to-Use Antibody Vial
DH072-12R	12 ML Ready-to-Use Antibody Vial

Intended Use

This antibody is designed for the specific localization of CA19-9 in formalin-fixed, paraffin-embedded (FFPE) tissue sections.

Storage & Handling

Store RTU Vial at 2-8°C. Fresh dilutions for concentrated antibodies, if required, should be prepared prior to use and are stable for up to one day at room temperature (20-26°C).

Working Principle

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 any Automated Staining System. Positive and negative controls should always be run simultaneously with all patient specimens.

Product Description

CA19-9, or carbohydrate antigen 19-9 (also known as sialylated Lewis (a) antigen), is a tumor marker blood test. Identified in 1981 in patients with colon and pancreatic cancer, CA19-9 levels are also elevated in certain non-cancerous conditions, such as Mirizzi's syndrome and diseases affecting the bile ducts and liver. Clinically, CA19-9 is primarily used to assess pancreatic tumors; if the tumor secretes this antigen, CA19-9 levels are expected to decrease with effective treatment and may rise again if the cancer recurs.The CA19-9 antigen is significantly expressed in gastrointestinal adenocarcinomas (including gastric, pancreatic, and colonic cancers) as well as in salivary gland mucoepidermoid carcinomas. However, CA19-9 antibodies typically do not react with carcinomas of the breast, kidney, or prostate. They do react with the sialylated Lea-active pentasaccharide (sialylated lacto-N-fucopentaose II), which is synthesized enzymatically through the sialylation of Type 1 carbohydrate chains.

Material Supplied

CA19-9 antibody is affinity purified and diluted in PBS, pH 7.4, containing 1% BSA and 0.09% sodium azide.

Material required But Not Supplied

- Xylene
- DI Water
- Control Tissues
- Isopropyl alcohol
- Antigen retrieval buffers
- Hematoxylin
- Positive charged slides
- Blocking Reagents
- Mounting media
- Wash Buffer
- Detection System
- Cover glass

Working Reagent Procedure

- Ready-to-Use antibodies have been optimized for use with the recommended protocols and should not require further dilution.
- Concentrated antibodies must be diluted in accordance with the recommended protocol.

Recommended Protocol

Refer the following table for the details on specific recommended protocol for this antibody.

Control Tissue	Breast, Colon Cervix, Pancreas, Ovarian Carcinoma Thyroid Carcinoma
Dilution factor	**1:20-50** (Antibody Diluent: DH144)

Antibody Incubation Time	30-60 Minutes at RT
Retrieval Pre-treatment	**Tris-EDTA based HIER** (AR9 Buffer: DH020)

Precautions

This product should be used by qualified and trained professional users only.
Avoid microbial contamination of reagents to minimize non-specific staining. Never pipette reagents by mouth. Avoid contact of reagents and specimens with skin. If reagents or specimens come into contact with sensitive area, wash with sufficient amounts of water. Dispose of the unused reagents. This kit contain sodium azide at concentrations of less than 0.1%. Sodium azide is not classified as a hazardous chemical at these concentrations, but proper handling protocols should be observed. For more information on product hazards, precautions and waste disposal, *Material Safety Data Sheets* are available upon request.

Limitations

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. 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. Evaluation must be performed by a qualified pathologist.

Troubleshooting

For Technical Support contact us at +91 - *7506501122* or *info@dygnova.com* or your local distributor to report unusual staining.

	Manufacturer Details		Use by Date	LOT	Lot/Batch Number
	Manufacturing Date		Consult Instructions for Use	REF	Catalogue Number
	Temperature Limits	Σ	Sufficient for 'n' assays / tests	IVD	In-vitro Diagnostic Medical Device

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