

Localization – Membrane

Host Species –Rabbit

Ig Class – IgG

Intended Use

This antibody is designed for the specific localization of CD79a 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).

ORDERING INFORMATION	
CATALOG#	DESCRIPTION
DH117-01C	0.1 ML Concentrated Antibody Vial
DH117-05C	0.5 ML Concentrated Antibody Vial
DH117-1C	1 ML Concentrated Antibody Vial
DH117-3R	3 ML Ready-to-Use Antibody Vial
DH117-6R	6 ML Ready-to-Use Antibody Vial
DH117-12R	12 ML Ready-to-Use Antibody Vial

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

CD79 is a heterodimeric complex composed of two transmembrane proteins: CD79a (also known as mb-1) and CD79b (also referred to as B29). CD79a is associated with the Ig-α chain, while CD79b associates with the Ig-β chain of the B-cell antigen receptor (BCR) complex. The expression of CD79 occurs prior to immunoglobulin (Ig) heavy-chain gene rearrangement and precedes the expression of CD20. In early B-cell development, specifically in precursor B cells, CD79a and CD79b are detectable within the cytoplasm (cytoplasmic CD79, or CyCD79). Membranous expression of CD79 initiates at the pro-B cell stage and is maintained throughout all subsequent stages of B-cell maturation, including terminal differentiation into plasma cells. CD79a serves as a highly reliable immunophenotypic marker for the detection of both normal and neoplastic B-cell populations. The specificity and utility of the CD79a antibody have been validated by the 9th International Workshop on Human Leukocyte Differentiation Antigens (HLDA9).

Material Supplied

CD79a 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	Tonsil , Lymph Node	Antibody Incubation Time	30-60 Minutes at RT
Dilution factor	1:20-50 (Antibody Diluent: DH144)	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.

Doc No: DH/DS/CD117Rev.00

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