

**Localization** – Membrane, Cytoplasm

**Host Species** –Rabbit

**Ig Class** – IgG

### Intended Use

This antibody is designed for the specific localization of CD99 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
DH122-01C	0.1 ML Concentrated Antibody Vial
DH122-05C	0.5 ML Concentrated Antibody Vial
DH122-1C	1 ML Concentrated Antibody Vial
DH122-3R	3 ML Ready-to-Use Antibody Vial
DH122-6R	6 ML Ready-to-Use Antibody Vial
DH122-12R	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

The CD99 antigen is a 32 kD T-cell surface glycoprotein, also referred to as MIC2, E2, 12E7, HuLy-m6, or FMC29. Research indicates that CD99 is present on the cell membranes of certain lymphocytes, cortical thymocytes, and granulosa cells in the ovary. It is also expressed in most pancreatic islet cells, Sertoli cells of the testis, and certain endothelial cells. In contrast, mature granulocytes show minimal or no expression of CD99. Notably, engagement of specific epitopes on CD99 can quickly induce T-cell death through a unique caspase-independent pathway.

CD99 is a highly specific surface marker for Ewing’s sarcoma and primitive peripheral neuroectodermal tumors, making it valuable in identifying these malignancies and distinguishing them from other small blue cell tumors.

### Material Supplied

CD99 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.

<b>Control Tissue</b>	Pancreas
<b>Dilution factor</b>	<b>1:20-50</b> (Antibody Diluent: DH144)

<b>Antibody Incubation Time</b>	30-60 Minutes at RT
<b>Retrieval Pre-treatment</b>	<b>Tris-EDTA based HIER</b> (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](mailto:info@dygnova.com) or your local distributor to report unusual staining.

Doc No: DH/DS/CD122Rev.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