

Localization – Cytoplasm

Host Species – Mouse

Ig Class – IgG1 / Kappa

Intended Use

This antibody is designed for the specific localization of GATA3 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

Trans-acting T-cell-specific transcription factor, GATA-3 is a protein that in humans is encoded by the GATA3 gene. GATA-3 b regulates luminal epithelial cell differentiation in the mammary gland, is an important regulator of T cell development and plays an important role in endothelial cell biology. GATA-3 is one of the three genes mutated in >10% of breast cancers. Nuclear expression of GATA-3 in breast cancer is considered a marker of luminal cancer in ER+ cancer and luminal androgen responsive cancer in ER-/AR+ tumors. It is highly coexpressed with FOXA1 and serves as a negative predictor of basal subtype and HER-2 and is also considered a strong predictor of taxane and platinum salts insensitivity.

GATA3 expression is found in urothelial carcinoma, especially in invasive and high grade tumors. Therefore, anti-GATA3 can be used in a panel of antibodies for diagnosis of unknown primary carcinoma, when carcinomas of the breast or bladder are a possibility. Studies have also shown the utility of GATA-3 in differentiating urothelial carcinoma from prostate adenocarcinoma and squamous cell carcinomas of the uterine, cervix, anus and lung.

Material Supplied

GATA3 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 Carcinoma	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.

Doc No: DH/DS/GATA158Rev.00

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	Manufacturing Date		Consult Instructions for Use	REF	Catalogue Number
	Temperature Limits		Sufficient for 'n' assays / tests	IVD	In-vitro Diagnostic Medical Device



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