

# Lambda Light Chain Primary Antibody

**Clone:** POLYCLONAL (*Rabbit Polyclonal*)

**Localization** – Cytoplasm  
**Host Species** – Rabbit  
**Ig Class** – IgG

## Intended Use

This antibody is designed for the specific localization of Lambda Light Chain 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

Lambda detects surface immunoglobulin on normal and neoplastic B-cells. Lambda staining is seen in B-cell follicles of human lymphoid tissue. When studying B-cell neoplasms, the determination of light chain ratios remains the centerpiece. This is sound reasoning because most B-cell Lymphomas express either kappa or lambda light chains, whereas reactive proliferations display a mixture of kappa and lambda-positive cells. If only a single light-chain type is detected, a lymphoproliferative disorder is very likely.

Monoclonality is determined by a kappa-lambda ratio greater than or equal to 3:1, a lambda-kappa ratio greater than or equal to 2:1, or a monoclonal population of 75% or more of the total population. In IgG-dominant immune complex-mediated glomerulonephritis, there are multiple pathological findings that strongly suggest the diagnosis of Lupus Nephritis including immunofluorescence staining for IgG, IgM, IgA, Kappa or Lambda, C3 and C1.

## Material Supplied

Lambda Light Chain 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
- Isopropyl alcohol
- Positive charged slides
- Wash Buffer
- DI Water
- Antigen retrieval buffers
- Blocking Reagents
- Detection System
- Control Tissues
- Hematoxylin
- Mounting media
- 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>	Tonsil, Lymph Node	<b>Antibody Incubation Time</b>	30-60 Minutes at RT
<b>Dilution factor</b>	<b>1:20-50</b> (Antibody Diluent: DH144)	<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 contains 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/LLC178Rev.00

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