

Localization – Cytoplasm

Host Species – Rabbit

Ig Class – IgG2, Kappa

Intended Use

This antibody is designed for the specific localization of CD33 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

CD33 is a transmembrane receptor belonging to the sialic acid-binding immunoglobulin-like lectin (Siglec) family and functions as an immunoreceptor tyrosine-based inhibitory motif (ITIM)-containing molecule. It mediates inhibitory signaling through the recruitment of Src homology region 2 domain-containing phosphatases SHP-1 and SHP-2 to its cytoplasmic ITIM motifs. These motifs also facilitate receptor internalization via ubiquitin-dependent endocytosis. CD33 is predominantly expressed on cells of the myelomonocytic lineage, including granulocyte and macrophage progenitors in the bone marrow, but is absent on pluripotent hematopoietic stem cells. The receptor binds α 2,3- and α 2,6-linked sialic acid residues present on N- and O-linked glycans on cell surfaces. CD33 serves as a critical immunophenotypic marker for peripheral blood monocytes and is employed diagnostically to differentiate myeloid leukemias from lymphoid and erythroid malignancies. It is also a clinically validated therapeutic target in acute myeloid leukemia (AML). Aberrant CD33 function or expression has been implicated in pathologies such as gallbladder lymphoma and extracutaneous mastocytoma.

Material Supplied

CD33 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 , Bone Marrow
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.

Doc No: DH/DS/CK322Rev.00

	Manufacturer Details		Use by Date	LOT	Lot/Batch Number
	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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