

**Localization** – Membrane

**Host Species** – Rabbit

**Ig Class** – IgG

**Intended Use**

This antibody is designed for the specific localization of CD5 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**

The CD5 antigen is a glycoprotein that spans the membrane, found on the surface of nearly all mature human T-cells (approximately 10% of CD4+ T-cells are CD5 negative). In immature (CD34+) T-cells, CD5 displays weak expression, with expression intensity rising as they mature. CD5 is additionally found in a minor portion of normal human B-cells (20% of B-cells in peripheral blood, dispersed cells in the lymph node mantle zone). The CD5+ cells likely play a role in B-T interactions, with CD72 as their ligand, present on all B cells. On activation, CD5+ B-cells seem to mainly generate IgM. They produce a higher quantity of autoantibodies compared to typical CD5 negative B-cells. Consequently, the CD5+ B-cell population is increased in rheumatoid arthritis and systemic lupus erythematosus. The CD5 antibody interacts with CD5 found on B and T cells, and could serve as a helpful tool for the categorization of B and T-cell cancers. This encompasses B-cell chronic lymphoid leukaemia (B-CLL), B-cell small lymphocytic lymphoma (B-SLL), mantle cell lymphoma (MCL), along with T-cell lymphoma and leukaemia

**Material Supplied**

CD5 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>	Tonsil, Lymphoma	<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 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.

**ORDERING INFORMATION**

CATALOG#	DESCRIPTION
DH374-1C	0.1 ML Concentrated Antibody Vial
DH374-05C	0.5 ML Concentrated Antibody Vial
DH374-1C	1 ML Concentrated Antibody Vial
DH374-3R	3 ML Ready-to-Use Antibody Vial
DH374-6R	6 ML Ready-to-Use Antibody Vial
DH374-12R	12 ML Ready-to-Use Antibody Vial

Doc No: DH/DS/CD374Rev.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