EpiDtect™

CD61 Primary Antibody

Clone: **ITGB3/2166 (*Rabbit Monoclonal)***

Localization – Cytoplasm
Host Species – Rabbit
Ig Class – IgG

ORDERING INFORMATION	
CATALOG#	**DESCRIPTION**
DH375-1C	0.1 ML Concentrated Antibody Vial
DH375-05C	0.5 ML Concentrated Antibody Vial
DH375-1C	1 ML Concentrated Antibody Vial
DH375-3R	3 ML Ready-to-Use Antibody Vial
DH375-6R	6 ML Ready-to-Use Antibody Vial
DH375-12R	12 ML Ready-to-Use Antibody Vial

Intended Use
This antibody is designed for the specific localization of CD61 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
CD61, also known as glycoprotein IIIa (GPIIIa) or integrin β3 (ITGB3), is a 105 kDa transmembrane glycoprotein expressed on activated T lymphocytes, granulocytes, megakaryocytes, platelets, and their precursors. It plays a central role in platelet aggregation and hemostasis by functioning as a receptor for extracellular matrix proteins, including fibrinogen, fibronectin, von Willebrand factor, vitronectin, and thrombospondin. CD61 forms non-covalent heterodimeric complexes with various integrin α subunits: it associates with integrin αIIb (CD41) to form the fibrinogen receptor gpIIb/IIIa on platelets and with integrin αV (CD51) to generate the vitronectin receptor on other cell types. These integrin complexes mediate cell adhesion and intracellular signaling by binding to matrix ligands. CD61 is prominently expressed on megakaryocytes and platelets (with CD41) and on endothelial cells, monocytes, and osteoclasts (with CD51). Dysregulation or deficiency of CD61 is implicated in disorders such as Glanzmann thrombasthenia and Platelet-type 16 bleeding disorder, emphasizing its critical role in thrombosis and vascular integrity

Material Supplied
CD61 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	Bone Marrow ,Endothelial cells
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.

	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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