

Localization – Membrane

Host Species – Mouse

Ig Class – IgG

Intended Use

This antibody is designed for the specific localization of CD74 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

CD74, also referred to as the MHC class II-associated invariant chain (Ii), is a type II transmembrane glycoprotein that associates with newly synthesized MHC class II α/β heterodimers, occupying the peptide-binding groove and preventing premature loading with endogenous peptides. Its expression is predominantly restricted to professional antigen-presenting cells, including B lymphocytes (from the pre-B stage through to pre-plasma cell differentiation), monocytes, macrophages, and subsets of epithelial cells.

Immunohistochemically, anti-CD74 demonstrates strong labeling of germinal center B lymphocytes and B-cell lymphomas, with infrequent staining of T-cell lymphomas. The antibody shows both membranous reactivity and characteristic paranuclear globular staining, corresponding to the Golgi region. Diagnostic applications of CD74 include distinguishing atypical fibroxanthoma from malignant fibrous histiocytoma, as well as discriminating small-cell lung carcinoma from non-small cell lung carcinoma.

Material Supplied

CD74 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, Lymph Node | 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.

Troubleshooting

For Technical Support contact us at +91 - 7506501122 or info@dygnova.com or your local distributor to report unusual staining.

| ORDERING INFORMATION | |
|----------------------|-----------------------------------|
| CATALOG# | DESCRIPTION |
| DH538-01C | 0.1 ML Concentrated Antibody Vial |
| DH538-05C | 0.5 ML Concentrated Antibody Vial |
| DH538-1C | 1 ML Concentrated Antibody Vial |
| DH538-3R | 3 ML Ready-to-Use Antibody Vial |
| DH538-6R | 6 ML Ready-to-Use Antibody Vial |
| DH538-12R | 12 ML Ready-to-Use Antibody Vial |

Doc No: DH/DS/CD538Rev.00

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|---|----------------------|---|-----------------------------------|------------|------------------------------------|
|  | 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 |