



## Rabbit anti-p40 ( $\Delta$ Np63)

**Cat. No.: AIB-40008 (0.5 ml Concentrate);  
AIB-40009 (6 ml Ready-to-use)**

### Instructions for use

#### Intended use

This antibody is designed for the specific localisation of p40 (or  $\Delta$ Np63), a truncated p63 protein, in formalin-fixed, paraffin-embedded tissue sections. Anti-p40 antibody is intended for in vitro diagnostic use.

#### Specifications

**Specificity:** p40  
**Immunogen:** Synthetic peptide according to the amino acids residues 5-17 of human p40  
**Clone:** polyclonal  
**Isotype:** Rabbit IgG  
**Species reactivity:** Human +, others not tested

#### Summary and Description

Anti-p40 is a promising new antibody that may be a valuable marker in cases where anti-p63 traditionally has been used. In the moment p63 is the most commonly used antibody for detecting lung squamous cell carcinomas. It shows a high sensitivity but also detects lung adenocarcinomas many times; according to Au et al. up to 30% of all cases.

The p40 protein, an N-terminal truncated form of p63 protein ( $\Delta$ Np63), seems to be more strictly bound to squamous cell carcinomas than p63. Recent studies (Bishop et al. und Nonaka) show that p40 staining is equivalent to p63 in sensitivity for squamous cell carcinoma but shows a considerably higher specificity. In the large study of Bishop et al. the sensitivity of p40 for lung squamous cell carcinomas is 100% and the specificity 98% whereas p63 only shows a specificity of 60% for this tumour entity.

Both authors conclude that p40 is superior to p63 when detecting squamous cell carcinomas of the lung, especially when it is important to differentiate them from adenocarcinomas of the lung.

#### Reagent provided








Rabbit polyclonal antibody in phosphate buffer including carrier protein and preservative for stabilisation in the following formats:

**Concentrate:** 0.5 ml (Cat. No. AIB-40008)  
**Ready-to-use:** 6 ml (Cat. No. AIB-40009)

#### Dilution of primary antibody

Dilution of Nordic Biosite' concentrated antibody depends on the detection system used. The final working dilution must always be determined by the user. The elaboration of staining protocol should be done by an experienced specialist. For Nordic Biosite' recommendations see chapter 'Staining procedure'.

Explanations of the symbols on the product label:

	Catalog Number Bestellnummer Reference du catalogue		Batch Code Chargenbezeichnung Code du lot	 Manufacturer  Nordic BioSite AB Propellervägen 4A S-183 62 Täby Sweden Tel: +46 (0)8 5444 33 40 Fax: +46 (0)8 756 94 90 info@nordicbiosite.com www.nordicbiosite.com
	Use By Verwendbar bis Utiliser jusqu'à		In Vitro Diagnostic Medical Device In vitro Diagnostikum Dispositif médical de diagnostic in vitro	
	Consult Instructions for use Gebrauchsanweisung beachten Consulter les instructions d'utilisation		Temperature Limitation Lagerungstemperatur Limites de température	

## Storage and handling

The antibody should be stored at 2-8°C without further dilution.

Dilutions of the concentrated antibody should be done in a suitable antibody dilution buffer (e.g. BCB-20005/BCB-20006 from Nordic Biosite). The diluted antibody should be stored at 2-8°C after use. The stability of this working solution depends on various parameters and has to be confirmed by appropriate controls.

The antibody provided is suitable for use until the expiry date indicated on the label, if stored at 2-8°C. Do not use product after the expiry date. Positive and negative controls should be run simultaneously with all specimens. If unexpected staining is observed which cannot be explained by variations in laboratory procedures and a problem with the antibody is suspected, contact Nordic Biosite's technical support or your local distributor.

## Precautions

Use through qualified personnel only.

Wear protective clothing to avoid contact of reagents and specimens with eye, skin and mucous membranes. If reagents or specimens come in contact with sensitive area, wash with large amounts of water.

Microbial contamination of the reagent must be avoided, since otherwise non-specific staining may occur.

Sodium azide (NaN<sub>3</sub>), used for stabilisation, is not considered hazardous material in the concentration used.

Reaction of sodium azide with lead or copper in drainage pipes can result in the formation of highly explosive metallic azides. Sodium azide should be discarded in a large volume of running water to avoid formation of deposits. A material safety data sheet (MSDS) for the pure substance is available upon request.

## Staining procedure

Refer to the following table for conditions specifically recommended for this antibody. Also refer to detection system data sheets for guidance on specific staining protocols or other requirements.

### Parameters

\*Pre-treatment

20015/-20016)

\*Control tissue

\*Working dilution

\*Incubation time

### Nordic BioSite's recommendations

Heat Induced Epitope Retrieval (for example in Citrate Buffer pH 6.0 (BCB-

Lung squamous cell carcinoma

1:50-1:200 (for concentrates)

30-60 minutes

## Quality control

The recommended positive control tissue for this antibody is a squamous cell carcinoma of the lung or normal prostate. We recommend carrying out a positive and a negative control with every staining run. Please refer to the instructions of the detection system for guidance on general quality control procedures.

## Troubleshooting

If you observe unusual staining or other deviations from the expected results please read these instructions carefully, refer to the instructions of the detection system for relevant information or contact your local distributor.








## Expected results

This antibody stains positive in the nuclei of p40-positive epithelial cells in formalin-fixed, paraffin-embedded tissue sections. Sometimes also a weak signal is observed in the cytoplasm of the cells. Further details about the expression pattern of p40 can be found in the chapter 'Summary and Description'. Interpretation of the staining results is solely the responsibility of the user. Any experimental result should be confirmed by a medically established diagnostic procedure.

## Limitations of the Procedure

Immunohistochemistry is a complex technique involving both histological and immunological detection methods.

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Tissue processing and handling prior to immunostaining, for example variations in fixation and embedding or the inherent nature of the tissue can cause inconsistent results (Nadji and Morales, 1983). Endogenous peroxidase, alkaline phosphatase or biotin may cause non-specific staining depending on the detection system used. Tissues containing Hepatitis B Surface Antigen (HBsAg) may give false positive results with HRP (horse radish peroxidase) detection systems (Omata et al, 1980). Inadequate counterstaining and mounting can influence the interpretation of the results.

Nordic Biosite warrants that the product will meet all requirements described from its shipping date until the expiry date is reached, if the product is stored and utilised as recommended. No additional guarantees can be given. Under no circumstances shall Nordic Biosite be liable for any damages arising out of the use of the reagent provided.

### Performance characteristics

Nordic Biosite has conducted studies to evaluate the performance of the antibody for use with a standard detection system. The product has been found to be sensitive and specific to the antigen of interest with minimal or no cross-reactivity.

### Bibliography

Nonaka D. Am J Surg Pathol 36:895-899, 2012  
Bishop JA et al. Mod Pathol 25:405-415, 2012  
Pelosi G et al. J Thorac Oncol 7:281-290, 2012








Au NH et al. Appl Immunohistochem Mol Morphol 12:240-247, 2004  
Nadji M and Morales AR Ann N.Y. Acad Sci 420:134-9, 1983  
Omata M et al. Am J Clin Pathol 73(5): 626-32, 1980

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