



# Mouse anti-Melanoma Associated Antigen PNL2

Cat. No.: AIB-30200 (0.5 ml Concentrate); AIB-30241 (6 ml Ready-to-use)

## Instructions for use

#### Intended use

This antibody is designed for the specific localisation of Melanoma Associated Antigen in formalin-fixed, paraffinembedded tissue sections and in frozen sections.

Anti-Melanoma Associated Antigen antibody is intended for in vitro diagnostic use.

**Specifications** 

**Specificity:** Melanoma Associated Antigen

Clone: PNL2 Isotype: Mouse IqG1

**Species reactivity:** Human +, others not tested

## **Summary and Description**

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Anti-PNL2 is a useful antibody for the immunohistochemical identification of melanomas and clear cell sarcomas. Busam et al. evaluated the immunoreactivity of PNL2 antibody in comparison with established melanocytic markers like Melan-A/MART-1 (clone A103), Tyrosinase (clone T311), gp100 (clone HMB45) and MiTF (clone D5) on metastatic melanomas. In normal tissue PNL2 stained normal lymphocytes and neutrophile granulocytes but no other cell types. Among melanocytic lesions benign nevi and primary malignant melanomas, especially epithelioid variants thereof, stained positive. Only 1 of 13 desmoplastic melanomas reacted with PNL2.

The sensitivity of PNL2 for metastatic melanoma was 87% in this study, whereas sensitivity of Melan-A, HMB45 and MiTF were 82%, 76%, and 84% respectively. Only Tyrosinase with a sensitivity of 92% showed a comparable sensitivity.

Non-melanocytic lesions found to be positive with PNL2 include clear cell sarcomas, PEComas, melanotic schwannomas, angiomyolipomas, and CML.

Despite its reactivity with granulocytes PNL2 is considered to be a valuable reagent for the diagnosis of melanocytic tumours. In combination with other markers PNL2 can help to reduce the number of IHC-negative metastatic melanomas.

## Reagent provided

Mouse monoclonal antibody from cell culture supernatant in PBS pH 7.4 with carrier protein and preservative for stabilisation in the following formats:

**Concentrate:** 0.5 ml (Cat. No. AIB-30200) **Ready-to-use:** 6 ml (Cat. No. AIB-30241)

## 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:

REF	Catalog Number Bestellnummer Reference du catalogue	LOT	Batch Code Chargenbezeichnung Code du lot	Manufacturer  Nordic BioSite AB
	Use By Verwendbar bis Utiliser jusque	IVD	In Vitro Diagnostic Medical Device In vitro Diagnostikum Dispositif médical de diagnostic in vitro	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
	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 furt her 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. 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' 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 (NaN3), 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. Material safety data sheets (MSDS) are 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.

<u>Parameters</u> <u>Nordic BioSites recommendations</u>

\*Pre-treatment Heat Induced Epitope Retrieval (for example in Citrate Buffer pH 6.0 (BCB-

20015/-20016) (or EDTA Buffar pH 9.0 BCB-20019/BCB-20020)

\*Control tissue Melanoma

\*Working dilution 1:25-1:100 (for concentrates)

\*Incubation time 30-60 minutes

### **Quality control**

The recommended positive control tissue for this antibody is melanoma. 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 cell membrane in formalin-fixed, paraffin-embedded tissue sections. Further details about the expression pattern of Melanoma Associated Antigen 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.

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#### **Limitations of the Procedure**

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

Morris LG et al. Head Neck 30(6):771-775, 2008 Busam KJ et al. Am J Surg Pathol 29(3):400-406, 2005 Zhe X, Schuger L. J Histochem Cytochem 52(12):1537-1542, 2004 Rochaix P et al. Mod Pathol 16(5):481-490, 2003 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

November 11, 2013 Rev: A1113 Doc: DBE\_AIB-30200/-30241

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