长岛抗体 Long Island Antibody

REF

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C3c-FITC

Rabbit Polyclonal Antibody

【Package Size】

Concentrated: ☐0.1mL ☐0.2 mL ☐0.5mL ☐1.0mL

【Intended Use】

Rabbit Polyclonal Anti-Human C3c Complement/FITC is intended for the immunofluorescent demonstration of human C3c in tissues. The antibody reacts with the human C3c complement. There is no reaction with C3d and C3a.

This antibody is intended for in vitro diagnostic (IVD) use.

【Principle of Procedure】

FITC antibody may be used as the primary antibody for Immunohistochemical (IHC) staining of frozen tissue sections. For FITC direct labeled antibodies the fluorochrome is linked to the primary antibody and therefore no secondary antibody or chromogenic detection step is required. The primary antibody binds specifically to the target antigen and can then be visualized. Results are interpreted using a fluorescent microscope with the appropriate filter set and aid in the differential diagnosis of pathophysiological processes, which may or may not be associated with a particular antigen.

【Specimen Collection and Preparation for Analysis】

Frozen tissues.

The recommended tissue fixative is 10 minutes in cold acetone. Variable results may occur as a result of prolonged fixation or special processes.

Each section should be cut to the appropriate thickness (2-5 μm) for the primary antibody being used and placed on a positively charged glass microscope slide.

【Storage and Handling】

Store at 2-8°C. Do not freeze.

Do not use product beyond the expiration date for the storage method.

【Reagents Provided】

The C3c-FITC antibody is provided in liquid form in phosphate buffer containing 15 mmol/L NaN_3, pH 7.2.

【Staining Procedure】

Staining By Automatic

Refer to the appropriate Instrument's Operator's Manual for the complete staining procedure instructions.

Staining By Manual

1. Concentrated Antibody Dilution
   Suggested Dilution: 1:20-1:40
   The optimal dilution for a specific application under a given set of experimental conditions should be determined by the investigator.
2. Wash in PBS 3 x 5 minutes.
3. Add 100μL primary antibody, Incubate for 30 minutes in the dark.
4. Wash in PBS 3 x 5 minutes.
5. The stained slides should be read the same day as staining, and should be stored in the dark.
6. Slides stained with the FITC primary antibodies can quench over time or with prolonged light exposure. Avoid exposure to light

【Quality Control】

1. Differences in tissue processing and technical procedures in the user's laboratory may produce significant variability in results, necessitating regular performance of in-house controls in addition to the following procedures.
2. Controls should be fresh autopsy/biopsy/surgical specimens, formalin-fixed, processed and paraffin

wax-embedded as soon as possible in the same manner as the patient sample(s).

【Performance Characteristics】

1. Sensitivity is dependent upon the preservation of the antigen. Any improper tissue handling during fixation, sectioning, embedding or storage which alters antigenicity weakens C3c detection by FITC anti-C3c and may generate false negative results.
2. Intra run reproducibility of staining with FITC anti-C3c was determined by staining 5 slides containing the same tissue on the same instrument run. Five of 5 slides stained positively. All slides stained with the same staining intensity. Users should verify within run reproducibility results by staining several sets of serial sections with low, medium and high antigen density in a single run.
3. Inter run reproducibility of staining with FITC anti-C3c was determined by staining slides containing the same tissue on 5 different instrument runs. Five of 5 slides stained positively. All slides stained with similar staining intensity. Users should verify between run reproducibility results by staining several sets of serial sections with low, medium and high antigen density on different days.

【Interpretation of Results】

1. A qualified pathologist who is experienced in IHC procedures must evaluate controls and qualify the stained product before interpreting results.
2. Staining of negative controls must be noted first, and these results compared to the stained material to verify that the signal generated is not the cause of nonspecific interactions.

【Limitations】

1. IHC is a multiple step diagnostic process that requires specialized training in the selection of the appropriate reagents, tissue selections, fixation, processing, preparation of the IHC slide, and interpretation of the staining results.
2. Tissue staining is dependent on the handling and processing of the tissue prior to staining. Improper fixation, freezing, thawing, washing, drying, heating, sectioning, or contamination with other tissues or fluids may produce artifacts, antibody trapping, or false negative results. Inconsistent results may result from variations in fixation and embedding methods, or from inherent irregularities within the tissue.
3. The protocols for a specific application can vary. These include, but are not limited to fixation, heat-retrieval method, incubation times, and tissue section thickness.
4. The clinical interpretation of any staining, or the absence of staining, must be complemented by morphological studies and evaluation of proper controls. This product should be interpreted by a qualified pathologist in conjunction with histological examination, relevant clinical information, and proper controls.

【Warnings and Precautions】

1. For in vitro diagnostic (IVD) use.
2. Materials of human or animal origin should be handled as biohazardous materials and disposed of with proper precautions.
3. Avoid contact of reagents with eyes, skin, and mucous membranes. Use protective clothing and gloves. If reagents come in contact with sensitive areas, wash with copious amounts of water.
4. Avoid microbial contamination of reagents as it may

cause incorrect results.

5. Consult local and/or state authorities with regard to recommended method of disposal.

6 Do not use product beyond the expiration date for the storage method in case of change of analytical performance of the reagent.

7. This reagent contains sodium azide. pregnancy and child under 18 age should avoid contact of reagents, If contact wash with copious amounts of water.

8. Exposure to heat, magnetic field: N/A

【References】

1. National Committee for Clinical Laboratory Standards (NCCLS). Protection of laboratory workers from infectious diseases transmitted by blood and tissue; proposed guideline. Villanova, P.A. 1991; 7(9). Order code M29-P.

2. CLSI. Quality Assurance for Immunocytochemistry: Approved Guideline. CLSI document MM4-A- (ISBN 1-56238-396-5). CLSI, 940 West Valley Road, Suite 1400, Wayne, PA 19087-1898 USA, 1999.

3 Nadji M, Morales AR. Immunoperoxidase: part 1. The technique and its pitfalls. Lab Med. 1983;14:767.

4. Herman GE, Elfont EA. The taming of immunohistochemistry: the new era of quality control. Biotech Histochem. 1991;66(4):194-199.

5. Dabbs DJ. Diagnostic Immunohistochemistry 2010; Churchill Livingstone

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