

## CD79a (Clone: MB1P) Rabbit Monoclonal Antibody

### PRODUCT INFORMATION:

#### REF

MR1332	6ml Ready to use
MR1332	3ml Ready to use
MRC1332	1ml Concentrated
MRC1332	0.5ml Concentrated
MRC1332	0.1ml Concentrated
MRH1332	6ml Ready to use
MRH1332	3ml Ready to use

### PERFORMANCE CHARACTERISTICS:

**Localization:** Membrane  
**Retrieval Buffer:** Tris-EDTA, pH 9.0  
**Incubation:** 30-60 minutes  
**Positive control:** Castleman disease, Tonsil, Lymph node

### INTENDED USE

#### For research use only

This antibody is intended for use in qualitatively identify CD79a antigen by light microscopy in formalin-fixed, paraffin-embedded (FFPE) tissue sections using immunohistochemical (IHC) detection methodology. Interpretation of any positive or negative staining must be complemented with the evaluation of proper known controls (Positive and Negative) and must be made within the context of the patient's clinical history and other diagnostic tests. A qualified and trained pathologist must perform an evaluation of the test. This antibody is intended to be used after the primary diagnosis of the tumour has been made by conventional histopathology using nonimmunologic histochemical stains

### SUMMARY AND EXPLANATION

Cluster of differentiation CD79a also known as B-cell antigen receptor complex-associated protein alpha chain is a protein that in humans is encoded by the CD79A gene. The CD79a protein together with the related CD79b protein, forms a dimer associated with membrane-bound immunoglobulin in B-cells, thus forming the B-cell antigen receptor (BCR), and plays multiple and diverse roles in B cell development and function.

CD79a protein is expressed in virtually all mature and immature B cells and the majority of B-cell neoplasms, including precursor B-acute lymphocytic leukaemia (pre-B-ALL), L and H lymphocyte predominance Hodgkin's lymphoma, and many plasma cell tumours.

Therefore, antibodies to CD79a are useful in the differential diagnosis of B-cell neoplasms from T-cell neoplasms or myeloid neoplasms, or L and H lymphocyte predominance Hodgkin's lymphoma from classic Hodgkin's lymphoma. In addition, CD79a is a useful marker in the diagnosis of precursor B-acute lymphoblastic leukaemia (pre-B-ALL) because many of these tumours are negative for other B-cell markers, such as CD20 and CD45RA.

### PRINCIPLE OF THE PROCEDURE

The identification of the antigen on the FFPE tissues is carried out using the above-stated antibody. The antigen and antibody complex is visualized using an enzyme-coupled (HRP/AP) secondary antibody with specific binding to the primary antibody, this complex is visualized by the enzymatic activation of the chromogen resulting in a visible reaction production of the antigenic site. Each and every step involves precise time and optimal temperature and the results are interpreted using a light microscope by a qualified and trained pathologist.

### REAGENT PROVIDED

**Concentrated format:** Antibody to CD79a is affinity purified and diluted in antibody diluent with 1% bovine serum albumin (BSA) and 0.05% of sodium azide (NaN<sub>3</sub>).

**Recommended dilutions:** 1:50 – 1:100

The antibody dilution and protocol may vary depending on the specimen preparation and specific application. Optimal conditions should be determined by individual laboratories.

**Pre-diluted format:** PathnSitu's ready-to-use antibodies are pre-titrated to optimal staining conditions. Further dilution will affect the efficacy of the antibody and may yield to sub-optimal staining.

**Immunogen:** Synthetic peptide corresponding to CD79a residues within aa1-100 of CD79a was used as an immunogen.

**Host, Isotype:** Rabbit, IgG

### STORAGE AND HANDLING

**Storage Recommendations:** Store at 2-8°C. When stored at the appropriate conditions, the antibody is stable until expiry. Do not use the antibody after the

expiration date provided on the vial in any condition.

To ensure proper reagent delivery and stability, replace the dispenser cap after every use and immediately place the vial into the refrigerated conditions in an upright position. The contents of the vial should be used within 9 months from the opening of the vial.

### SPECIMEN PREPARATION

#### Staining Recommendations:

Routinely processed, FFPE tissues are suitable for use with this primary antibody, when using PathnSitu's Poly Excel HRP/DAB detection system. The recommended tissue fixative is 10% neutral buffered formalin. Variable results may occur as a result of prolonged fixation or special processes such as decalcification. The thickness of the sections should be 2-5µm. Slides should be stained once the sections are made as the antigenicity of the cut sections may diminish over a period of time. It is recommended to stain known positive and negative controls simultaneously with unknown specimens.

### PRECAUTIONS

1. This product should be used by qualified and trained professional users only
2. The product contains < 0.1% of sodium azide as a preservative and is not classified as hazardous, refer to MSDS for further details
3. As with any product derived from biological sources, proper handling procedures should be used
4. Do not use reagents after the expiration date
5. Use protective clothing and gloves, while handling reagents
6. All hazardous materials should be disposed of according to local state and federal regulations
7. Avoid microbial contamination of reagents as it may lead to incorrect results

### STAINING PROCEDURE

**Antigen Retrieval Solution:** Use Tris-EDTA Buffer (Cat#PS009) as an antigen retrieval solution.

**Heat Retrieval Method:** Retrieve sections under steam pressure for 15 minutes using PathnSitu's MERS (Multi Epitope Retrieval System) for optimal retrieval of the epitopes, allow solution to cool at room temperature, transfer the tissue sections/slides to the distilled water prior to the primary antibody application.

**Primary Antibody:** Cover the tissue sections with primary antibody and incubate for 30-60 min at room temperature when using PathnSitu's PolyExcel Detection System.

**Detection System:** Refer to PathnSitu's PolyExcel HRP/ DAB detection system protocol for optimal staining results.

### QUALITY CONTROL

The recommended positive tissue control for CD79a are Castleman disease, Tonsil, Lymph node and DLBCL. A positive and negative tissue control must be run with every staining procedure performed to monitor the correct performance of processed tissue and test reagents. A negative tissue control provides an indication of non-specific background staining. If the results are not expected in positive and negative controls the test must be considered invalid and the entire procedure must be cross verified. The individual laboratory must establish its own quality control to validate the process and antibody when opening a vial.

### INTERPRETATION OF RESULTS

CD79a stains the Membrane. A qualified experienced/trained pathologist must interpret the results in the patient's sample along with the positive and negative controls.

### PERFORMANCE CHARACTERISTICS

PathnSitu products will undergo a thorough quality control check before it is released to the market. The antibody showed consistent specific and sensitive staining on the multiple positive tissue controls tested, by inter-run, intra run and lot-based studies. The antibody is stable for the expiry mentioned on the labels which is determined by real-time or accelerated methods.

### TROUBLESHOOTING

1. Follow the antibody-specific protocol recommendations according to the data sheet provided
2. Tissue staining is dependent on the handling and processing of the tissue

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prior to staining. Improper fixation, tissue processing, antibody freezing and thawing, washing, drying, heating, sectioning or contamination with other tissues or fluids may produce artefacts, antibody trapping or inaccurate results

3. Do not allow the section to dry out during the entire IHC process
4. Excessive or incomplete counterstaining may compromise the interpretation of the results
5. If unusual results occur, contact PathnSitu's Technical Support at +91-40-2701 5544 or E-mail: [techsupport@pathnsitu.com](mailto:techsupport@pathnsitu.com)

#### LIMITATIONS AND WARRANTY

Authorized and skilled/trained personnel only may use the product. The clinical interpretation of any test results should be evaluated within the context of the patient's medical history and other diagnostic test results. A qualified trained pathologist must perform the evaluation of the test results. There are no warranties, expressed or implied, which extend beyond the description. PathnSitu is not liable for property damage, personal injury, time or effort or economic loss caused by this product.

#### BIBLIOGRAPHY

1. Seda V, et.al, Eur J Haematol. 2015 Mar;94(3):193-205.
2. Chu PG, et.al, Appl Immunohistochem Mol Morphol. 2001 Jun;9(2):97-106.

#### EXPLANATION OF SYMBOLS



Lot number / Batch number



Expiry

**RUO**

Research use only



Storage limitation



Date of manufacture



Catalogue number