



CD30

Monoclonal Mouse Anti-CD30 Clone 1G12

REF 014-1052

Ready-To-Use ■ 100 Tests / 50 Tests

Concentrate ■ 1mL

INTENDED USE

IVD For in vitro diagnostic use.

Celerus monoclonal mouse anti-CD30, clone 1G12, is intended for laboratory use in identifying the CD30 molecule using light microscopy. It may be used with frozen tissue or with formalin-fixed paraffin-embedded tissue.

Positive results aid in the classification of normal and abnormal cells/tissues and serve as an adjunct to conventional histopathology. The clinical interpretation of any positive staining or its absence should be complemented by morphological and histological studies with proper controls. Evaluations should be made by a qualified individual in conjunction with the patient's clinical history and other diagnostic test results.

Refer to the Wave Instrument Operator's Manual for additional information concerning Materials Required but Not Provided; Storage; Staining Procedure; Troubleshooting; Interpretation of Staining; and General Limitations.

SUMMARY AND EXPLANATION

CD30 is a cell membrane protein found in both normal and neoplastic cells including Reed-Sternberg cells, mononuclear Hodgkin's cells, most anaplastic large cell lymphomas, and other lymphomas. The CD30 antibody can be used as part of an immunohistochemical panel to identify anaplastic large cell lymphomas and Hodgkin's lymphomas.

PRINCIPLE OF PROCEDURE

Immunohistochemistry is a multi-step process to identify specific cell markers within tissue biopsies or tumor specimens. The sequential steps include antigen retrieval (optional), antibody application, and antibody visualization followed by optional counterstaining. Specimens are then coverslipped and observed under light microscopy by trained personnel. Normally, multiple antibodies are tested to determine lineage and cell cycle markers. The Celerus Wave is an automated instrument that performs immunohistochemistry stains. For further information on the staining procedure, refer to the Celerus Wave Operator's Manual.

MATERIALS AND METHODS

Reagent Provided

Clone

1G12

Ig Class

IgG2_{kappa}

Immunogen

Recombinant prokaryotic fusion protein corresponding to the internal domain of the CD30 molecule.

Ready-To-Use in Primary Antibody Cartridge

Celerus anti-CD30 is provided with ProClin 300 as a preservative, in a Primary Antibody Cartridge (PAC), a self-contained dispenser of reagents. Each PAC contains sufficient reagent to complete 50 or 100 stained slides. PACs must remain upright to avoid spilling. PAC must be primed before first use. See Celerus Wave Operator's Manual for details.

Concentrated Antibody

Liquid

Liquid concentrated antibody is provided containing 15 mM sodium azide as a preservative and 1% bovine serum albumin as a carrier protein.

Lyophilized

Lyophilized antibody is provided containing 15mM sodium azide as a preservative. Reconstitute vial with 1.0 ml distilled water.

Dilution

The suggested dilution is 1:5–1:20. This is a guide only and users should determine their own optimal working dilutions.

SPECIFICITY

Human CD30 molecule.

MATERIALS REQUIRED BUT NOT PROVIDED

- Wave instrument
- Wave slide rack
- Positively-charged microscope slides, appropriately labeled
- Timer
- Celerus Riptide for antigen retrieval (or equivalent)
- Celerus Target Retrieval Solution (or equivalent)
- Slide drying chamber
- Xylene or xylene substitute
- Reagent alcohol or ethyl alcohol
- Distilled or deionized water
- TBS wash buffer, pH 7.6
- Positive and negative tissue controls
- Celerus Negative Control Reagent (or equivalent)
- Mounting Medium
- Cover slips

STORAGE AND HANDLING

Ready-to-Use PAC, Liquid Concentrated and Lyophilized Antibody

Store reagent at 2–8 °C. Do not freeze. The reagent is stable until the expiration date on the container. Do not use reagent after the expiration date, as the activity cannot be ensured.

Reconstituted Antibody

For reconstituted antibody, the reagent is stable for at least two months when stored at 4 °C. For long-term storage it is recommended that aliquots of the antibody be stored at -20 °C. Repeated freezing and thawing of the antibody should be avoided.

There are no signs to indicate instability of this reagent. To ensure a valid staining assay, the use of positive and negative tissue controls is recommended. Contact your Celerus representative if there are stability concerns prior to the expiration date.

PRECAUTIONS

- For professional users.
- Minimize microbial contamination of reagents or an increase in nonspecific staining may occur.
- As with any product derived from biological sources, proper handling procedures should be used.
- A Material Safety Data Sheet is available for professional users on request.

- ProClin 300 is classified per applicable European Community (EC) Directives as: Irritant (Xi). The following are the appropriate Risk (R) and Safety (S) phrases.



R36 Irritating to eyes

R43 May cause sensitization by skin contact

S24 Avoid contact with skin

S26 In case of contact with eyes, rinse immediately with plenty of water and seek medical advice

S35 This material and its container must be disposed of in a safe way

S37/39 Wear suitable gloves and eye/face protection

S46 If swallowed, seek medical advice immediately and show this container or label.

WASTE DISPOSAL

Adhere to all local laws when disposing of the PAC.

PACKAGING DAMAGE

DO NOT USE a PAC if it is leaking, has leaked, has spilled, cannot be primed, or has visually apparent physical damage.

SPECIMEN COLLECTION AND HANDLING

Formalin-fixed paraffin embedded (FFPE) tissues, frozen tissues, or smears are suitable for use. Wave detection kits have been optimized for tissues fixed with 10% formalin. Ideally, each 4–6µ tissue section should be placed on charged slides on the lower 2/3 of the slide. Very large sections should be placed 1/4 inch below the lower end of the slide label.

Slides should be baked overnight at 37 °C, or at 60 °C for one hour.

Use standard histochemical techniques to deparaffinize processed slides. For uniformity of staining results, it is recommended that target retrieval be performed using the Celerus Riptide and Celerus Target Retrieval Solution (or equivalent) at 112 °C for 5 minutes. Avoid drying of the tissue specimen during this process. After all slides to be stained have been inserted and reagents mounted on the instrument, start the staining run.

When the slides have completed the staining run, remove them from the instrument, coverslip, and view under light microscopy.

PRODUCT-SPECIFIC LIMITATIONS

CD30 antibody, when used on the Wave instrument, detects antigens that survive routine formalin fixation, tissue processing, and sectioning. Users who deviate from recommended test procedures are responsible for interpretation and validation of patient results.

RESULTS EXPECTED/

PERFORMANCE CHARACTERISTICS

Normal Tissues

Clone 1G12 stained CD30 on the membrane and/or in the cytoplasm of a subpopulation of plasma cells and scattered large lymphoid cells in tonsil. Weak staining was seen in the endothelium of some tissues.

Abnormal Tissues

Clone 1G12 stained 23/32 Hodgkin's lymphomas, 17/18 anaplastic large cell lymphomas, and 6/48 non-Hodgkin's lymphomas. No staining was seen in melanomas, colon carcinomas, or sarcomas (n=10).

REFERENCES

- Schwarting r, Gerdes J, Dürkop H, Falini B, Pileri S, Stein H, Ber-H2: A new anti-Ki-1 (CD30) monoclonal antibody directed at a formalin-resistant epitope. *Blood* 1989;74:1678-89.
- de Bruin PC, Gruss H-J, van der Valk P, Willemze R, Meijer CJLM. CD30 expression in normal and neoplastic lymphoid tissue: biological aspects and clinical implications [review]. *Leukemia* 1995;9:1620-7.
- Falini B, Pileri S, Pizzola G, Dürkop H, Flenghi L, Stirpe F, et al. CD30 (Ki-1) molecule: A new cytokine receptor of the tumor necrosis factor receptor superfamily as a tool for diagnosis and immunotherapy [review]. *Blood* 1995;85:1-14.
- Stein H, Foss H-D, Dürkop H, Flenghi L, Stirpe F, et al. CD30+ anaplastic large cell lymphoma: a review of its histopathologic, genetic, and clinical features [review]. *Blood* 2000;96:3681-95.
- Dürkop H, Foss H-D, Eitelbach F, Anagnostopoulos I, Latza U, Pileri S, et al. Expression of the CD30 antigen in non-lymphoid tissues and cells. *J Pathol* 2000;190:613-8.
- Drexler HG, Minowada J. Hodgkin's disease derived cell lines: a review [review]. *Hum Cell* 1992;5:42-53.
- Schwarting R, Stein H, A3. Cluster report: CD30. In: Knapp W, Dörken B, Gilks WR, Rieber EP, Schmidt RE, Stein H, et al., editors. *Leucocyte typing IV. White cell differentiation antigens. Proceedings of the 4th International Workshop and Conference: 1989 Feb 21-25; Vienna, Austria. Oxford, New York, Tokyo: Oxford University Press 1989,p.419-22.*
- Dürkop H, Latza U, Hummel M, Eitelbach F, Seed B, Stein H. Molecular cloning and expression of a new member of the nerve growth factor receptor family that is characteristic for Hodgkin's disease. *Cell* 1992;68:421-17.
- Rudolph P, Lappe T, Schmidt D. Expression of CD30 and nerve growth factor-receptor in neoplastic and reactive vascular lesions: an immunohistochemical study. *Histopathology* 1993;23:173-8.



Vector Laboratories, Ltd.
3 Accent Park, Bakewell Road
Orton Southgate, Peterborough
PE2 6XS, England



Celerus Diagnostics
1005 Mark Avenue
Carpinteria, CA 93013 USA

TECHNICAL SUPPORT 888-444-3613
CUSTOMER SERVICE 888-444-8918

www.celerusdiagnostics.com