

**Anti-IgD-FITC**  
Rabbit polyclonal antibody  
Reference: AP10337C



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**INTENDED USE AND PRESENTATION:**

For research use only.

**AP10337C, 1 mL.** Concentrated FITC-conjugated antibody with glycerol, carrier protein and preservative for stabilisation.

**SUMMARY, EXPLANATION AND LIMITATIONS:**

Ig alpha is the major immunoglobulin class in body secretions. It may serve both to defend against local infection and to prevent access of foreign antigens to the general immunologic system.

This antibody reacts with the  $\alpha$  chain of human IgD. Immunofluorescence (IF) is a complex technique in which immunological and histological detection methods can be combined. In general, the manipulation and processing of tissues before immunostaining, especially different types of tissue fixation and embedding, as well as the nature of the tissues themselves may cause inconsistent results (Nadji and Morales, 1983). Insufficient contrast staining and/or improper mounting of the sample may influence the interpretation of results.

**Isotype:** Rabbit IgG

**Immunogen:** IgD isolated from human serum.

**Staining pattern:** Cytoplasmatic and secreted.

The interpretation of the stain results is the full responsibility of the user. Any experimental result must be confirmed by a medically established diagnostic product or procedure.

**Positive control:** Tissue sample from tonsil.

**External negative control:** Tissue sample homologous to the test sample incubated with an antibody isotype not specific for IgD-FITC.

**APPLICATIONS:**

This antibody is designed for the specific localization of human IgD using IF techniques in formalin-fixed, paraffin-embedded tissue sections and frozen tissue.

**PRODUCT COMPOSITION:**

Rabbit polyclonal immunoglobulin fraction purified from antiserum conjugated with fluorescein isothiocyanate isomer 1. The preparation contains, saline buffer, stabilising and carriers proteins, and sodium azide as a preservative.

**METHODS AND PROCEDURE:**

**Principles of the procedure:** The demonstrations of antigens by IF is a sequential procedure with several steps if primary antibody is not conjugated with fluorescent molecule. This involving first the application of a specific antibody for the antigen of interest (primary antibody), then a secondary antibody conjugated which fluorescent molecule (this step is not applicable if the primary antibody is conjugated with fluorescent molecule). The sample is washed between each step. The results are interpreted using a fluorescent microscope with adequate filter set.

**Specimen:** Paraffin-embedded tissue samples should be used.

The antibody is also useful for immunostaining frozen tissue samples and cell culture.

**Suggested staining procedure:** Vortex and spin.

<b>Working dilution</b>	1:10 – 1:100
<b>Incubation</b>	30-60 min. at 22°C, 4-18 hr at 4°C, or 10-30 min at 37°C, in the dark

See our web site at [www.genova-europe.com](http://www.genova-europe.com) for detailed protocols ancillary reagents and support products.

**MATERIALS BUT NOT SUPPLIED:**

All reagents, materials, and laboratory equipment for IF procedures are not provided with this antibody. This includes primary antibodies, adhesive slides and cover slips, positive and negative control tissues, Xylene or adequate substitute, ethanol, distilled H<sub>2</sub>O, heat pretreatment equipment (pressure cooker, steamer, microwave), pipettes, Coplin jars, glass jars, moist chamber, histological baths, negative control reagents, counter-staining solution, mounting materials, and microscope.

Buffered solutions for antigen retrieval, enzyme treatments, highly sensitive detection systems, and other auxiliary reagents are available from Genova Scientific.

**STORAGE AND STABILITY:**

Store at 2-8 °C in the dark until the expiration date printed on product label. Do not use after the expiration date. If fresh solutions are required, these must be prepared immediately prior to use, and will be stable for at least one day at 2-8 °C in the dark. If the product is stored under different conditions from those stipulated in these technical indications, the new conditions must be verified by the user.

Genova Scientific guarantees that the product will maintain all of the described characteristics from the production date until the expiration date, as long as the product is stored and used as recommended. No other guarantees are provided. Under no circumstances is Genova Scientific obliged to cover damages caused by use of this reagent.

**TROUBLESHOOTING:**

If unusual staining is observed or any other deviations from the expected results, please read these instructions carefully, along with the instructions from the detection system. If this does not solve the problem, please contact Genova Scientific's technical support department or your local distributor.

**PRECAUTIONS:**

Use only by qualified personnel.

Use proper protective equipment in order to avoid contact with reagents and samples in the eyes, skin, and mucosal tissues. In case of contact with sensitive areas, immediately flush the affected area with water. Avoid microbial contamination of the reagent, as this may produce nonspecific staining results. This antibody contains sodium azide (NaN<sub>3</sub>), used as a stabilising agent, which is not considered to be a hazardous material in the concentration

REF	Catalog number	LOT	Batch code	RUO	Research use only
	Temperature limitation		Expiration date		
	Manufacturer		See instruction for use		



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used. Concentration of sodium azide in drainage pipes made of lead or copper can cause the formation of highly explosive metallic azides. In order to avoid this, sodium azide must be disposed of along with a large volume of running water. Material safety data sheet (MSDS) for pure sodium azide is available upon request.

**PERFORMANCE CHARACTERISTICS:**

Genova Scientific has performed studies to evaluate the functioning of these antibodies for use with standard detection systems, concluding that the product is both specific and sensitive for the antigen of interest.

**BIBLIOGRAPHY:**

Nadji M, Morales AR. Immunoperoxidase, part 1: the techniques and its pitfall. Lab Med 1983; 14:767-770.

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