

Anti-Melanoma Associate Antigen KBA.62 (Clone: KBA.62)

Mouse monoclonal antibody
Reference: AP10435; AP10435C



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INTENDED USE AND PRESENTATION:

For research use only.

AP10435, 7 ml. Prediluted antibodies in a synthetic organic linear polymer buffer solution (pH 7.4), with carrier protein and preservative for stabilisation "READY TO USE"

AP10435C, 1 ml. Concentrated antibodies with carrier protein and preservative for stabilisation.

SUMMARY, EXPLANATION AND LIMITATIONS:

Anti-KBA.62 (Melanoma Associated Antigen) is a novel anti-melanoma antibody. Studies thus far have shown a similar sensitivity to melanocytic proliferations as that seen with S-100 protein staining, which is somewhat higher than that seen with HMB-45. This has been confirmed by one study on a series of 215 sentinel lymph nodes. Moreover, anti-KBA.62 identified 6 patients (3%) who had confirmed sentinel lymph node metastasis but stained negative for HMB-45. In this setting, the resolution appears to be higher than S-100 protein in that the staining pattern (membranous) is quite distinct. Interestingly, most cases of desmoplastic and spindle cell melanomas show strongly positive results with anti-KBA.62, unlike that seen with other melanocyte markers. It should be noted that anti-KBA.62 will label occasional endothelial cells which can serve as an internal positive control. A small percentage of well-differentiated squamous cell carcinomas of the skin (and lung) have also been noted to stain with this antibody; however, the poorly-differentiated forms of carcinoma do not, thus resolving a greater practical problem in differential diagnosis. Therefore, anti-KBA.62 is a useful additional marker for melanoma, specifically in desmoplastic/spindle cell cases and in the context of micrometastasis in sentinel lymph node.

Immunohistochemistry (IHC) is a complex technique in which immunological and histological detection methods are 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). Endogenous pseudoperoxidase and peroxidase activity or endogenous biotin and alkaline phosphatase activity can cause non-specific staining results depending on the detection system used. Tissues that contain Hepatitis B surface antigen (HBsAg) can produce false positives when using HRP detection systems (Omata et al, 1980). Insufficient contrast staining and/or improper mounting of the sample may influence the interpretation of results.

Isotype: IgG1

Immunogen: Human Melanoma Associated Antigen.

Staining pattern: Cytoplasmic membrane.

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 melanoma.

External negative control: Tissue sample homologous to the

test sample incubated with an antibody isotype not specific for melanoma associate antigen KBA.62.

APPLICATIONS:

This antibody is designed for the specific localization of human melanoma associate antigen KBA.62 using IHC techniques in formalin-fixed, paraffin-embedded tissue sections.

PRODUCT COMPOSITION:

Mouse immunoglobulin IgG1, clone KBA.62, obtained from cell culture supernatant. 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 IHC is a sequential procedure with several steps involving first the application of a specific antibody for the antigen of interest (primary antibody), then a secondary antibody which joins to the first, an enzyme complex, and the addition of a chromogenic substrate. The sample is washed between each step. Enzymatic activation of the chromogenic substrate creates a visible product where the antigen is located. The results are interpreted using a light microscope. The primary antibody can be used both in manual IHC and with automated immunostainers.

Specimen: Paraffin-embedded tissue samples should be used. The antibody is also useful for immunostaining frozen tissue samples. Western blot techniques are not recommended.

Staining procedure:

Antigen retrieval	HIER Citrate Buffer pH 6.5
Working dilution (only for concentrates)	1:10 – 1:50
Incubation	30 min; RT
Control Tissue	Melanoma

Amplification and development of the immunostaining: follow standard procedure and the recommendations given by the manufacturer for the materials used. In the case of using automated immunostainers, use the specified buffers and materials for each instrument.

See our web site at www.gennova-europe.com for detailed protocols ancillary reagents and support products.

REQUIRED MATERIALS BUT NOT SUPPLIED:

All reagents, materials, and laboratory equipment for IHC procedures are not provided with this antibody. This includes adhesive slides and cover slips, positive and negative control tissues, Xylene or adequate substitute, ethanol, distilled H₂O, 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

REF Catalog number


LOT Batch code

RUO Research use only

 Temperature limitation

 Expiration date

 Manufacturer

 See instruction for use



Gennova Scientific, S.L.
C/ Johann Gutenberg, 4F. Pol. Ind.
El Canamo I • 41300 San Jose
de La Rinconada • Sevilla, SPAIN
Telfono: +34 954 150767
Fax: +34 955 266494

info@gennovalab.com
www.gennova-europe.com

Anti-Melanoma Associate Antigen KBA.62 (Clone: KBA.62)

Mouse monoclonal antibody
Reference: AP10435; AP10435C



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reagents are available from Genova Scientific.

peroxidase to hepatitis B surface antigen. A possible source of error in immunohistochemistry. Am J Clin Pathol. May, 1980;73(5):626-632.

STORAGE AND STABILITY:

Store at 2-8 °C 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 room temperature (20-25°C). Unused portion of antibody preparation should be discarded after one day. 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 (NaN₃), used as a stabilising agent, which is not considered to be a hazardous material in the concentration 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:

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Cohen-Knafo E et al. J Clin Pathol. 48(9):826-31, 1995.
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Kocan P et al. Cesk Patol. 40(2):50-6, 2004.
Nadji M, Morales AR. Immunoperoxidase, part 1: the techniques and its pitfall. Lab Med 1983; 14:767-770.
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F01IT04_V1R1111_AP10435_English



Catalog number



Batch code



Research use only



Temperature limitation



Expiration date



Manufacturer



See instruction for use



Genova Scientific, S.L.
C/ Johann Gutenberg, 4F. Pol. Ind.
El Cáñamo I • 41300 San José
de La Rinconada • Sevilla, SPAIN
Teléfono: +34 954 150767
Fax: +34 955 266494

info@genovalab.com
www.genova-europe.com