

Instructions For Use A00112-IFU-IVD

Rev. Date: May 7, 2013

Revision: 3

Page 1 of 2

P.O. Box 3286 - Logan, Utah 84323, U.S.A. - Tel. (800) 729-8350 - Tel. (435) 755-9848 - Fax (435) 755-0015 - www.scytek.com

p40 (ΔNp63); Polyclonal (Ready-To-Use)

Availability/Contents: <u>Item #</u> <u>Volume</u>

A00112-0002 2 ml A00112-0007 7 ml A00112-0025 25 ml

Description:

Species: Rabbit

Immunogen: Amino acids 5-17 (ENNAQTQFSEPQY) of human p40 (p63 delta) were used as immunogen for

this antibody.

Clone: Polyclonal Isotype: Rabbit IgG

Format: This antibody has been pretitered and quality controlled to work on formalin-fixed paraffin-

embedded as well as acetone fixed cryostat tissue sections. No further titration is required.

Specificity: The new marker p40 (p63 delta) is highly specific for squamous basal cells.

Background: The new marker p40 (p63 delta) is a marker recently determined to be highly specific for

squamous basal cells in the all important immunohistochemistry (IHC) application (1). The current more routinely recommended marker, p63, appears to have less specificity compared to p40 (p63 delta), especially on squamous cell tumors. The ability to differentiate between lung adenocarcinoma vs squamous cell carcinoma is difficult and has bearing on the different therapeutic avenues for each subtype treatment (1-3). p63 antibody's ability to distinguish between the tumor types appears to be inferior when compared to p40 (p63 delta). The ability to utilize an antibody probe for p40 (p63 delta)as a squamous cell marker bolsters its use for future subclassification of lung cancers, especially by immunohistochemical techniques.

Species Reactivity: Human.

Positive Control: Lung squamous cell carcinoma.

Cellular Localization: Nuclear.

Titer/Working Dilution: No further dilution is required. Microbiological State: This product is not sterile.

Uses/Limitations: Not to be taken internally.

For In Vitro Diagnostic Use.

This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.

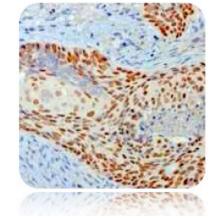
Do not use if reagent becomes cloudy. Do not use past expiration date. Use caution when handling reagents.

Non-Sterile.

Ordering Information and Current Pricing at www.scytek.com

Storage: 2° C 8° C

ScyTek Laboratories, Inc. 205 South 600 West Logan, UT 84321 U.S.A.





LEC REP EmergoEurope (31)(0) 70 345-8570 Molsnstraat 15 2513 BH Hague, The Netherlands

Doc: IFU-Template2-8rev2



Instructions For Use A00112-IFU-IVD

Rev. Date: May 7, 2013

Revision: 3

Page 2 of 2

P.O. Box 3286 - Logan, Utah 84323, U.S.A. - Tel. (800) 729-8350 - Tel. (435) 755-9848 - Fax (435) 755-0015 - www.scytek.com

Procedure:

- 1. **Tissue Section Pretreatment (Highly Recommended):** Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with Citrate Plus (ScyTek catalog# CPL500).
- Primary Antibody Incubation Time: We suggest an incubation period of 30 minutes at room temperature.
 However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user.
- 3. **Visualization:** For maximum staining intensity we recommend the "UltraTek HRP Anti-Polyvalent Lab Pack" (ScyTek catalog# UHP125, see IFU for instructions) combined with the "DAB Chromogen/Substrate Bulk Pack (High Contrast)" (ScyTek catalog# ACV500, see IFU for instructions).

Precautions:

Contains Sodium Azide as a preservative (0.09% w/v).

Do not pipette by mouth.

Avoid contact of reagents and specimens with skin and mucous membranes.

Avoid microbial contamination of reagents or increased nonspecific staining may occur.

This product contains no hazardous material at a reportable concentration according to U.S. 29 CFR 1910.1200,

OSHA Hazardous Communication Standard and EC Directive 91/155/EC.

References:

- 1. Bishop, JA, J Teruya-Feldstein, WH Westra1, G Pelosi, WD Travis and N Rekhtman 2012 p40 (ΔNp63) is superior to p63 for the diagnosis of pulmonary squamous cellcarcinoma. Modern Pathology 25 : 405–415
- 2. Scagliotti G, T Brodowicz, FA Shepherd et al 2011 Treatment-by-histology interaction analyses in three phase III trials show superiority of pemetrexed in nonsquamous non-smallcell lung cancer. J Thorac Oncol 6:64–70.
- 3. Kargi A, D Gurel, B Tuna 2007 The diagnostic value of TTF-1, CK 5/6, and p63 immunostaining in classification of lung carcinomas. Appl Immunohistochem Mol Morphol 15:415–420.
- 4. Chilosi M, A Zamo, A Brighenti A, et al Constitutive expression of DeltaN-p63alpha isoform in human thymus and thymic epithelial tumours. Virchows Arch 2003;443:175–183.

Warranty:

No products or "Instructions For Use (IFU)" are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our IFU or website. Our warranty is limited to the actual price paid for the product. ScyTek Laboratories, Inc. is not liable for any property damage, personal injury, time or effort or economic loss caused by our products. Immunohistochemistry is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue specimen may cause variations in results. Endogenous peroxidase activity or pseudoperoxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used.



