

## CD20, B-Cell; Clone L26

Catalog Number	Format	Volume
A00003-0002	(Ready-To-Use)	2 ml
A00003-0007	(Ready-To-Use)	7 ml
A00003-0025	(Ready-To-Use)	25 ml
A00003-C.1	(Concentrate)	0.1 ml
A00003-C	(Concentrate)	1 ml

### Intended Use

For Research Use Only. This antibody is intended for the qualitative visualization of the anatomical elements listed in the Specificity section. It is intended to be used within an Immunohistochemistry (IHC) procedure on formalin-fixed paraffin-embedded (FFPE) human tissue followed by visualization by light microscopy. Any diagnostic interpretation of the results of this antibody is to be complemented by morphological studies using proper controls and should be evaluated within the context of the patient's clinical history and other diagnostic tests by a qualified pathologist.

### Description

**Titer/Working Dilution:** Ready-to-Use: No further dilution required.  
Concentrate: Suggested dilution is 1:200-400

**Species:** Mouse  
**Immunogen:** BALB/C mice were immunized with human B cells.  
**Clone:** L26  
**Isotype:** IgG2, Kappa.  
**Entrez Gene ID:** 931 (Human)  
**Hu Chromosome Loc.:** 11q12.2

**Synonyms:** APY; ATOPY; B-lymphocyte cell-surface antigen B1; Bp35; Fc epsilon receptor I beta chain; Fc Fragment of IgE high affinity I receptor for beta polypeptide; FCER1B; High affinity immunoglobulin epsilon receptor subunit beta; IgE Fc receptor subunit beta; IGER; IGER; IGER; Leukocyte surface antigen Leu-16; Ly44; MS4A1; MS4A2

**Mol. Wt. of Antigen:** 33-37kDa

**Format:** Ready-To-Use 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.

Concentrate antibody is provided at 200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% Sodium Azide.

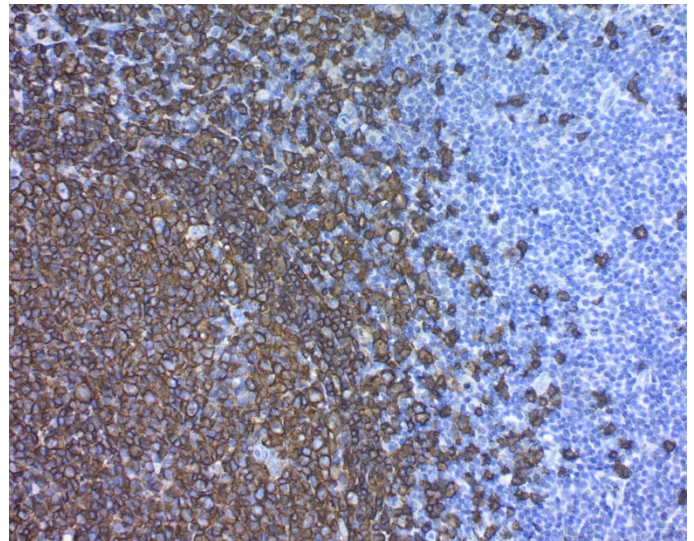
**Specificity:** This antibody reacts with a 33kDa protein, identified as CD20. Its epitope is located in the cytoplasmic domain of CD20 and was, therefore ascribed as CD20cy in the 5<sup>th</sup> Workshop. This antibody reacts with the majority of B-cells present in peripheral blood and lymphoid tissues and their derived lymphomas. In lymphoid tissue, germinal center blasts and B-immunoblasts are particularly reactive. Rarely, CD20-positive T-cell lymphomas have been reported. Reactivity has also been noted with Reed-Sternberg cells in cases of Hodgkin's disease, particularly of lymphocyte predominant type.

**Background:** CD20 is a non-Ig differentiation antigen of B-cells and its expression is restricted to normal and neoplastic B-cells, being absent from all other leukocytes and tissues. CD20 is expressed by pre B-cells and persists during all stages of B-cell maturation but is lost upon terminal differentiation into plasma cells.

**Species Reactivity:** Human, Others-not known

**Positive Control:** Tonsil

**Cellular Localization:** Predominantly cell surface with some cytoplasmic.  
**Microbiological State:** Nonsterile.



Human Tonsil (cut 5µ thick) stained using CD20, B-Cell; Clone L26. Pretreatment with Citrate Plus (10x) HIER Solution for 5 minutes, PolyTek Anti-Mouse Polymerized HRP and DAB Chromogen/Substrate (High Contrast). Counterstained with Hematoxylin, Mayer's (Lillie's Modification). Magnification 200X.

### Materials and Reagents Required but not Provided


- Control tissue and reagents
- Xylene, graded alcohols, and deionized/distilled water
- Antibody Diluent.
- IHC detection system. Suggested: ScyTek Cat# ABZ125 "CRF Anti-Polyvalent HRP Polymer" and ScyTek Cat# ACV500 "DAB Chromogen/Substrate Kit (High Contrast)".
- Wash buffer for rinses (ScyTek Cat# TBT500)
- HIER Retrieval Solution
- Hematoxylin counterstain and bluing reagent (ScyTek Cat# HMM500 and BRT500)
- Mounting medium and coverslips

**Note:** ScyTek Laboratories has a wide range of IHC reagents and ancillaries that can be found at [scytek.com](http://scytek.com).

### Procedure

- Tissue Section Pretreatment (Required):** Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with pH 6-7 HIER Solution (see ScyTek catalog# CBB or CPL for instructions).
- 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.
- Visualization:** For maximum staining intensity we recommend the "CRF Anti-Polyvalent HRP Polymer" (ScyTek catalog# ABZ125, see IFU for instructions) combined with the "DAB Chromogen/Substrate Bulk Pack (High Contrast)" (ScyTek catalog# ACV500, see IFU for instructions).

Storage: 2° C  8° C

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

CE

EC REP

Emergo Europe  
Prinsessegracht 20  
2514 AP The Hague, The Netherlands

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](http://www.ScyTek.com)

#### Storage and Stability

Do not Freeze. Store at 2-8°C. Return to 2-8° immediately after use. Do not use after expiration date printed on label. Verify visually that antibody has not been contaminated before use. Do not use if reagent becomes cloudy or precipitates.

#### Limitations

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. This data sheet's recommendations and procedures were validated using ScyTek IHC reagents and may not be suitable for other detection systems.

#### Precautions


1. Contains Sodium Azide as a preservative (0.09% w/v), do not ingest. Sodium Azide may react with lead and copper plumbing to form highly explosive metal azides. Upon disposal, flush with large volumes of water to prevent azide build-up in plumbing. 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.
2. Do not pipette by mouth.
3. Avoid contact of reagents and specimens with skin and mucous membranes.
4. Avoid microbial contamination of reagents or increased nonspecific staining may occur.
5. The user must validate any procedures and recommendations that differ from this data sheet.
6. The SDS may be found at [scytek.com](http://scytek.com)


#### References

1. Cleary et al. Cell 47: 19, 1986.
2. Tsujimoto et al. Proc Natl Acad Sci (USA) 83: 5214, 1986.
3. Hockenbery et al. Nature 348: 334, 1990.
4. Pezzella et al. Am J Pathol 137: 225, 1990.
5. Serafini B, Severa M, Columba-Cabezas S, Rosicarelli B, Veroni C, Chiappetta G, Magliozzi R, Reynolds R, Coccia EM, Aloisi F. Epstein-Barr virus latent infection and BAFF expression in B cells in the multiple sclerosis brain: implications for viral persistence and intrathecal B-cell activation. Journal of Neuropathology & Experimental Neurology. 2010 Jul 1;69(7):677-93.
6. Gardet A, Benita Y, Li C, Sands BE, Ballester I, Stevens C, Korzenik JR, Rioux JD, Daly MJ, Xavier RJ, Podolsky DK. LRRK2 is involved in the IFN- $\gamma$  response and host response to pathogens. The Journal of Immunology. 2010 Nov 1;185(9):5577-85.
7. Mungan S, Karagüzel E, Turan C, Reis A. A Giant Primary Sclerosing Lipogranuloma of the Scrotum/Skrotumun Dev Primer Sklerozan Lipogranüloму. Turkish Journal of Pathology. 2014 Jan 1;30(1):78-80.
8. Serafini B, Rosicarelli B, Aloisi F, Stigliano E. Epstein-Barr virus in the central nervous system and cervical lymph node of a patient with primary progressive multiple sclerosis. Journal of neuropathology and experimental neurology. 2014 Jul 1;73(7):729-31.
9. Elmaci I, Altinoz MA, Akdemir G, Sari R, Baskan O, Ozpinar A, Hacker E, Sav A. Neurosurgical and neuro-immunological management of IgG4-related hypertrophic sclerosing pachymeningitis. A literature survey and discussion of a unique index case. Clinical Neurology and Neurosurgery. 2020 Nov 1:106342.
10. Büyüktaş D, Örnek S, Tokat F, Tecimer T, Ferhanoğlu B. IRF4-Rearranged Large B-Cell Lymphoma on Waldeyer's Ring: A Case Report. Turkish Journal of Hematology. 2020 Dec;37(4):292.

#### 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.

Storage: 2° C  8° C



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



EC REP

Emergo Europe  
Prinsessegracht 20  
2514 AP The Hague, The Netherlands