

Instructions For Use A00030-IFU-RUO

Rev. Date: June 20, 2022

Revision: 4

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CD3e; Polyclonal

Catalog Number	Format	Volume
A00030-0002	(Ready-To-Use)	2 ml
A00030-0007	(Ready-To-Use)	7 ml
A00030-0025	(Ready-To-Use)	25 ml
A00030-C.1	(Concentrate)	0.1 ml
A00030-C	(Concentrate)	1 ml

Intended Use

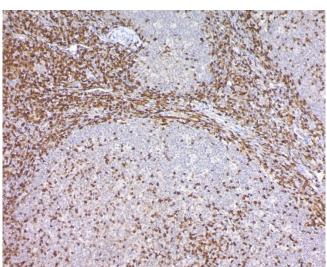
For Research Use Only. This antibody is intended for the qualitative visualization of the anatomical elements listed in the Specificity section. It is intended to be used within an Immunohistochemistry (IHC) procedure on formalin-fixed paraffin-embedded (FFPE) human tissue followed by visualization by 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.		
Ū	Concentrate: Suggested dilution is 1:50-100	
Species:	Rabbit	
İmmunogen:	A synthetic peptide aa156-168 (ERPPPVPNPDYEP) from human	
· ·	CD3e.	
Clone:	Polyclonal	
Isotype:	lgG	
Entrez Gene ID:	916 (Human)	
Hu Chromosome Loc.: 11q23.3		
Synonyms:	CD 3E, CD3 epsilon, CD3 TCR complex, CD3E, CD3e antigen	
	epsilon polypeptide (TiT3 complex), T cell antigen receptor	
	complex epsilon subunit of T3, T-cell surface antigen T3/Leu-4	
	epsilon chain, T-cell surface glycoprotein CD3 epsilon chain,	
	T3E, TCRE, TiT3 complex.	
Mol. Wt. of Antigen:	20kDa	
Format:	Ready-To-Use antibody has been pretitered and quality	
	controlled to work on formalin-fixed paraffin-embedded 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 an intra-cytoplasmic portion of the CD3	
	epsilon antigen of cortical thymocytes. However, in medullary	
	thymocytes, it reacts with T cell surface. This antibody labels the	
	majority of T cell neoplasms, histiocytes and Hodgkin's disease.	
Background:	This antibody recognizes the 20kDa epsilon-chain of CD3, which	
	consists of five different polypeptide chains (gamma, delta,	
	epsilon, zeta and eta) with MW ranging from 16-28kDa. The CD3	
	complex is closely associated at the lymphocyte cell surface with	
	the T cell antigen receptor (TCR). Reportedly, CD3 complex is	
	involved in signal transduction of the T cell interior following	
	antigen recognition. The CD3 antigen is first detectable in early	
	thymocytes and probably represents one of the earliest signs of	
	commitment to the T cell lineage.	
Species Reactivity:	Human, Others-not known	
Positive Control:	Tonsil, lymph node, Jurkat cells.	
Cellular Localization:	Cell surface and cytoplasmic	
Microbiological State:	Nonsterile.	







Human tonsil stained using CD3; Polyclonal. Results were visualized using ScyTek's PolyTek Anti-Rabbit detection system and DAB Chromogen/Substrate Kit (High Contrast) Cat# ACV500. Magnification 100X.

Materials and Reagents Required but not Provided

- 1. Control tissue and reagents
- 2. Xylene, graded alcohols, and deionized/distilled water
- 3. Antibody Diluent.

4. IHC detection system. Suggested: ScyTek Cat# ABZ125 "CRF Anti-Polyvalent HRP Polymer" and ScyTek Cat# ACV500 "DAB Chromogen/Substrate Kit (High Contrast)".

- 5. Wash buffer for rinses (ScyTek Cat# TBT500)
- 6. HIER Retrieval Solution
- 7. Hematoxylin counterstain and bluing reagent (ScyTek Cat# HMM500 and BRT500)
- 8. Mounting medium and coverslips

Note: ScyTek Laboratories has a wide range of IHC reagents and ancillaries that can be found at scytek.com.

Procedure

1. Tissue Section Pretreatment (Required): Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with pH 8-9 HIER Solution (see ScyTek catalog# ETA or TES for instructions).

2. **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 "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 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.



Instructions For Use 00030-IFU-R

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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

References

1. Campana et al. J Immunol 138: 648, 1987.

2. Mason et al. J Clic Pathol 14: 121, 1988.

3. Mason et al. J Clin Pathol 42: 1194, 1989.

Warranty

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