Immuno Wash Buffer, 10X

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Intended Use
For In Vitro Diagnostic Use.

Product Description
Immuno Wash Buffer, (10x), is designed for optimal performance when used together with either manual or automated Immunohistochemistry applications and other laboratory procedures requiring a high quality TBS buffer with superior pH stability. The TBS contains surfactant and allows for reagents to spread more uniformly across tissue section on slides. It can also be used on other automated staining systems.

Known Applications
Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Summary and Explanation
Optimal immunostaining not only depends the specificity of the primary antibody and other immunoreagents but also depends on obtaining a good signal to noise ratio. Binding of an antibody to its epitopes involves van der Waals forces, electrostatic forces and hydrophobic forces. Certain antibodies tend to bind loosely and nonspecifically to unrelated epitopes, which can create undesired background staining. To remove these nonspecifically bound antibodies, a thorough washing is required after each immunostaining step. Immuno Wash buffer is specifically designed to remove such loosely bound antibodies effectively and efficiently and to provide a cleaner staining with less background.

Format
10X Concentrated

Volume/UOM
1000 mL

Storage and Handling
Store at room temperature. Do not use after expiration date printed on label. If reagents are stored under conditions other than those specified in the package insert, they must be verified by the user. Diluted reagents should be used promptly.

Protocol Recommendations
1. After each immunostaining step, wash slide(s) with 1 x Immuno Wash Buffer three times.
2. Remove excess buffer from slide and proceed to the next immunostaining step.

Preparation of Working Solutions
1. Dilute one-part 10X Immuno Wash Buffer with 9 parts deionized or distilled water
2. Shake well
3. Measure water and add buffer to wash to eliminate an overflow of bubbles.

Precautions
1. Wear disposable gloves when handling reagents.
2. Specimens, before and after fixation, and all materials exposed to them should be handled as if capable of transmitting infection and disposed of with proper precautions. Never pipette reagents by mouth and avoid contacting the skin and mucous membranes with reagents and specimens. If reagents or specimens meet sensitive areas, wash with copious amounts of water.
3. Microbial contamination of reagents may result in an increase in nonspecific staining.
4. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change.
5. Do not use reagent after the expiration date printed on the label.
6. The SDS is available upon request.
7. Consult OSHA, federal, state or local regulations for disposal of any toxic substances.

Quality Control
Refer to CLSI Quality Standards for Design and Implementation of Immunohistochemistry Assays; Approved Guideline-Second edition (I/LA28-A2). CLSI Wayne, PA, USA (www.clsi.org). 2011

Troubleshooting
Contact StatLab Medical Products Technical Support at (800) 442-3573, option 5 or email ihctech@statlab.com to report unusual staining.

Warranty
There are no warranties, expressed or implied, which extend beyond this description. StatLab Medical Products is not liable for property damage, personal injury, or economic loss caused by this product.

Performance Characteristics
The protocols for a specific application can vary. These include, but are not limited to: fixation, heat-retrieval method, incubation times, tissue section thickness and detection kit used. Due to the superior sensitivity of these unique reagents, the recommended incubation times and titers listed are not applicable to other detection systems, as results may vary. The data sheet recommendations and protocols are based on exclusive use of StatLab Medical products. Ultimately, it is the responsibility of the investigator to determine optimal conditions. These products are tools that can be used for interpretation of morphological findings in conjunction with other diagnostic tests and pertinent clinical data by a qualified pathologist.

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