Kappa Light Chain F(ab`) 2 Polyclonal

Fluorochrome	Reference	Test
FITC	**KF3-100T**	**100 test**
PE	**KPE3-100T**	**100 test**

IVD CE immunostep

PRODUCT DESCRIPTION

Clone: Polyclonal
Isotype: Rabbit F(ab')2 IgG
Tested application: flow cytometry
Immunogen: Polyclonal immunoglobulin light chains of kappa type isolated from a pool of human sera for Rabbit Anti-Human Kappa Light Chains.
Species reactivity: Human
Storage instruction: store in the dark at 2-8 ºC
Storage buffer: aqueous buffered solution containing protein stabilizer and 0.09% sodium azide (NaN_3).
Recommended usage: Immunostep's kappa F'ab 2, is intended for simultaneous detection and enumeration of B lymphocytes bearing kappa light chains in peripheral blood using flow cytometry. This reagent is effective for direct immunofluorescence staining of human tissue for flow cytometric analysis using 10 µl/10^6 cells.
Presentation: liquid.
Source: Supernatant proceeding from sera for Rabbit Anti-Human Kappa Light Chains.
Purification: Affinity chromatography.

ANTIGEN DETAILS

Large description: The evaluation of cell surface Kappa/Lambda expression can identify clonally restricted B lymphocyte populations and thus can aide in the diagnosis of hematologic malignancy. Several B cell disorders are associated with decreased levels of Kappa/Lambda at the cell surface.[1-4]

APPROPRIATE STORAGE AND HANDLING CONDITIONS

Store in the dark, refrigerated between 2 ºC and 8 ºC. DO NOT FREEZE. The antibody is stable until the expiry date stated on the vial label if kept at 2ºC-8ºC. Do not use after the date indicated.

Once the vial is open, the product is stable for 90 days.

EVIDENCE OF DETERIORATION

Reagents should not be used if any evidence of deterioration is observed. For more information, please contact our technical service: tech@immunostep.com
The product's normal appearance is a semi-transparent, colourless liquid. It should not be used if liquid medium is cloudy or contains precipitate. It should be odourless.

RECOMMENDATIONS AND WARNINGS ⚠

a) The reagents contain sodium azide. In acid conditions, it is transformed into hydrazoic acid, a highly toxic compound. Azide compounds must be diluted in running water before being discarded. These conditions are recommended so as to avoid deposits in plumbing, where explosive conditions could develop. The safety data sheet (SDS) is available online at www.immunostep.com
b) Avoid microbial contamination of the reagent.
c) Protect from light. Use dim light during handling, incubation with cells and prior to analysis.
d) Never mouth pipette.
e) In the case of contact with skin, wash in plenty of water.
f) The samples should be handled in the same way as those capable of transmitting infection. Appropriate handling procedures should be guaranteed.
g) Do not use after the expiry date indicated on the vial.
h) Deviations from the recommended procedure could invalidate the analysis results.
i) FOR *IN VITRO* DIAGNOSTIC USE.
j) For professional use only.
k) Before acquiring the samples, it is necessary to make sure that the flow cytometer is calibrated and compensated.

SAMPLE COLLECTION

The extraction of venous blood samples should be carried out in blood collection tubes using the appropriate anticoagulant (EDTA or heparin)[7,8]. For optimum results, the sample should be processed during the six hours following the extraction. Samples which cannot be processed within the 48 hours following the extraction should be discarded. Please, refer to www.immunostep.com technical support for more information.

WARRANTY

Warranted only to conform to the quantity and contents stated on the label or in the product labelling at the time of delivery to the customer. Immunostep disclaims hereby other warranties. Immunostep's sole liability is limited to either the replacement of the products or refund of the purchase price.

REFERENCES

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2. Johnson A, Olofsson T. Flow cytometric clonal excess analysis of peripheral blood, routine handling, and pitfalls in interpretation. Cytometry1993;14(2):188-95.

3. Cartron G, Linassier C, Bremond JL, Desablens B, Georget MT, Fimbel B, et al. CD5 negative B-cell chronic lymphocytic leukemia: clinical and biological features of 42 cases. Leuk Lymphoma1998 Sep;31(1-2):209-16.

4. Braylan RC, Orfao A, Borowitz MJ, Davis BH. Optimal number of reagents required to evaluate hematolymphoid neoplasias: results of an international consensus meeting. Cytometry2001 Feb 15;46(1):23-7.

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