

# MSH2 (IHC410)

Mouse Monoclonal Antibody

SAM-QHD- MM152-2 (10 tests) QHD-MM152-15 (100 tests)

Document Number: IFU-329\_QHD-MM152-MLH-1 (IHC410)

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Source	Clone	Species	Isotype	Primary Antibody Diluent
Supernatant	IHC410	Mouse	IgG	NA
Epitope: Not Determined	Species Reactivity: Human			

Catalog Number	Description	
SAM-QHD-MM152-10 tests	2mL Ready To Use antibody for use with StatLab Quantum HD HRP or Quantum HD AP Detection kit on fully automated StatLab Quantum HDx Platform.	
QHD-MM152-100 tests	15mLReady To Use antibody for use with StatLab Quantum HD HRP or Quantum HD AP Detection kit on fully automated StatLab Quantum HDx Platform	

#### **Intended Use**

This antibody is intended for in vitro diagnostic (IVD) use. The MSH2 [IHC410] antibody is intended for qualified laboratories to qualitatively identify by light microscopy the presence of associated antigens in sections of formalin-fixed, paraffin-embedded tissue sections using IHC test methods. Use of this antibody is indicated, subsequent to clinical differential diagnoses of diseases, as an aid in the identification of MSH2 protein within the context of antibody panels, the patient's clinical history and other diagnostic tests evaluated by a qualified pathologist

#### **Summary and Explanation**

MutS Homolog 2 (MSH2) is a protein involved in the mismatch-repair pathway. This protein is commonly associated with hereditary non-polyposis colorectal cancer, and mutations in this gene are correlated with the development of sporadic colorectal carcinoma. Expression levels of MSH2 are abnormally low in a high percentage of patients with microsatellite instability, as well as endometrial and ovarian cancers. Use of Anti-MSH2 is optimized when paired in an IHC panel with antibodies against MSH6, MLH1, and PMS2. Reports have shown Anti-MSH2 to be useful in the detection of the protein in a number of normal and neoplastic tissues, and for identifying a loss of MSH2 in tumors that are microsatellite unstable.

#### **Materials and Methods Provided**

The stated primary antibody product contains reagent in a vial made for use with the StatLab Quantum HDx IHC slide stainer. The vial is equipped with an RFID tag that is read by the slide stainer to provide product and lot specific information.

This antibody is diluted in Tris Buffer, pH 7.3-7.7, with 1% BSA and <0.1% Sodium Azide.

### Storage and Handling

Store at 2-8°C. Do NOT freeze. When stored properly, the reagents are stable to the date indicated on the label. The presence of an unusual odor or precipitate indicates that the antibody is deteriorating and should not be used. Do not use reagents beyond the expiration date printed on the vial. The user must validate any storage conditions other than these specified in the package insert.

#### **Materials and Reagents Needed but Not Provided**

The following reagents and materials may be required for staining but are not provided with the primary antibody. Please refer to our website at <a href="https://www.statlab.com">www.statlab.com</a>.

- Quantum HD HRP Detection Kit (Cat. No.: QHD-U3-15-HRP-KIT) OR
- 1. Quantum HD AP Detection Kit (Cat. No.: QHD-U2-15-HRP-KIT)
- 2. Quantum HD Retrieval Solution, pH 9.0 (Cat. No.: QHD-003)
- 3. Quantum HD Retrieval Solution, pH 6.0 (Cat. No.: QHD-002)
- 4. Quantum HD DS2 (Cat. No.: QHD-007)
- 5. Quantum HD Block (Cat. No.: QHD-006)
- 6. Wash Buffer (Cat. No.: QHD-015)
- 7. Positive and Negative Tissue controls

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## Principles of the Procedures

Antigen detection by immunohistochemistry (IHC) is a two-step process involving first, the binding of a primary antibody to the antigen of interest, and second, the detection of bound antibody by a chromogen. The primary antibody may be used in IHC using manual techniques or using automated IHC Staining Systems.

## **Warnings and Precautions**

- This antibody contains less than 0.1% sodium azide. Concentrations less than 0.1% are not reportable as hazardous materials.<sup>10</sup>
- Sodium azide (NaN3) used as a preservative is toxic if ingested. 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.<sup>11</sup>
- Specimens, before and after fixation and all materials exposed to them, should be handled as if capable of transmitting infections and disposed of with proper precautions.<sup>12</sup>





- Never pipette reagents by mouth and avoid contacting the skin and mucous membranes with reagents and specimens.
  If reagents or specimens come in contact with sensitive areas, wash with copious amounts of water.
- Microbial contamination of reagents may result in an increase in nonspecific staining.
- Incubation times or temperatures other than those specified may give erroneous results. The use must validate any such change.
- 7. The SDS is available upon request.
- 8. Do not use reagents beyond the expiration date printed on the
- The user must validate any storage conditions other than these specified in the package insert

#### **Specimen Collection and Preparation**

Tissues fixed in 10% formalin are suitable for use prior to paraffin embedding.  $^{13,14}$ 

The user is advised to validate the use of the products with their tissue specimens prepared and handled in accordance with their laboratory practices

#### StatLab Quantum HDx Recommended Staining Procedure:

Instrument Parameters	QHD-U3-HRP-Kit	QHD-U2-AP-Kit
Retrieval Reagent	QHD-High pH	QHD-High pH
Antibody Incubation Time	10-45 minutes	10-45 minutes

#### Step by Step Procedure:

- Follow the StatLab Quantum HDx instrument instructions for setting up the reagents on the instrument
- Load slides, antibodies, and detection kit(s) onto StatLab Quantum HDx instrument according to StatLab Quantum HDx instructions for use
- 3. Start the run.
- When the staining is complete, remove the slides from instrument, rinse well with distilled water
- 5. Dehydrate, Clear and Coverslip

### **Troubleshooting**

Positive and negative controls should be run simultaneously with all patient specimens. If unexpected staining is observed which cannot be explained by variations in laboratory procedures and a problem with the antibody is suspected, contact StatLab IHC Technical Support via Email ihctech@statlab.com or call us at (800) 442-3573

#### **Cellular Localization and Positive Tissue Control**

Positive Tissue Control				
Tissue	Visualization			
Colon mucosa, Colon Carcinoma	Nuclear			

#### Limitations of the Procedure

IHC is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can also cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue may cause variations in results. <sup>15</sup> (Endogenous peroxidase activity or pseudo peroxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used. Tissues containing Hepatitis B Surface Antigen (HBsAg) may give false positive with horseradish peroxidase systems. <sup>16</sup> Improper counterstaining and mounting may compromise the interpretation of results.

#### **Performance Characteristics**

The optimum protocols for a specific application can vary. These include, but are not limited to fixation, heat-retrieval method, incubation times, and tissue section thickness and detection kit used. Due to the sensitivity of these reagents, the recommended incubation times listed may not be applicable to other detection systems, as results may vary. The data sheet recommendations and protocols are based exclusively on StatLab 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.

#### NOTE

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

#### References

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