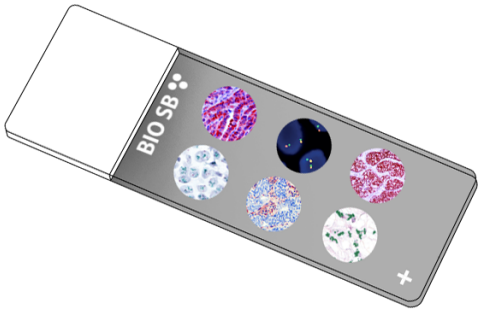
CD142/TF/Coagulation Factor III Control Slides

CE IVD



Intended Use
For In Vitro Diagnostic Use.

Summary and Explanation
CD142, also known as Tissue Factor or Coagulation Factor III or Thromboplastin, is encoded by the F3 gene located on chromosome 1p21.3. CD142 /TF is a 46 kDa sized integral membrane glycoprotein. Upon complex formation with coagulation factor VII, extrinsic blood coagulation is activated by a catalytic cascade that involves specific proteolysis.CD142/TF is not only associated with the progression, but also with the overall survival rate of many cancers, including breast, gastrointestinal, liver, pancreatic, and prostate cancer. A study that investigated CD142 expression in non-small-cell lung cancer found that immunohistochemical staining was increased in NSCLC patients with metastasis, compared to patients without metastasis, indicating the critical role of CD142 in the progression of NSCLC. A study found increased CD142 levels in breast cancer tissue as well as a correlation between poor survival and high levels of CD142 expression in breast cancer patients. Overexpression of TF in fibrosarcoma, in gastric cancer cells and in melanoma cells enhances tumour growth by diminishing the transcription of antiangiogenic thrombospondins and/or by increasing the transcription of pro-angiogenic VEGF. The SARS-CoV-2 virus triggers the synthesis and release of pro-inflammatory cytokines, including IL-6 and TNF-α and also promotes downregulation of ACE-2, which promotes a concomitant increase in levels of angiotensin II. Both TNF-α and AT-II have been implicated in promoting overexpression of tissue factors in platelets and macrophages. Additionally, the generation of antiphospholipid antibodies associated with COVID-19 may also promote an increase in TF. TF may be a critical mediator associated with the development of thrombotic phenomena in COVID-19.

Presentation
Five slides of CD142/TF/Coagulation Factor III positive tissues, each mounted on Hydrophilic Plus Slides, provided in a plastic mailer.

Catalog No.	*Quantity*
BSB-9069-CS	5 slides
BSB-3718-CS	5 slides

Storage Store at 20-25°C

Precautions
1. For professional users only. Results should be interpreted by a qualified medical professional.
2. Ensure proper handling procedures are used with this reagent.
3. Always wear personal protective equipment such as a laboratory coat, goggles, and gloves when handling reagents.
4. Dispose of unused solution with copious amounts of water.
5. Follow safety precautions of the heating device used for epitope retrieval (TintoRetriever Pressure Cooker or similar).
8. For additional safety information, refer to Safety Data Sheet for this product.
9. For complete recommendations for handling biological specimens, please refer to the CDC document, "Guidelines for Safe Work Practices in Human and Animal Medical Diagnostic Laboratories" (see References in this document).

Stability
This product is stable up to the expiration date on the product label.
Do not use after expiration date listed on package label.

IHC Protocol
1. Subject tissues to heat induced epitope retrieval (HIER) using a suitable retrieval solution such as ImmunoDNA Retriever with Citrate (BSB 0020-BSB 0023) or EDTA (BSB 0030-BSB 0033).
2. Any of three heating methods may be used:
a. TintoRetriever Pressure Cooker or Equivalent
Place tissues/slides in a staining dish or coplin jar containing the ImmunoDNA Retriever with Citrate or EDTA and place on trivet in the pressure cooker. Add 1-2 inches of distilled water to the pressure cooker and turn heat to high. Incubate for 15 minutes. Open and immediately transfer slides to room temperature.
b. TintoRetriever PT Module or Water Bath Method
Place tissues/slides in a pre-warmed staining dish or coplin jar containing the ImmunoDNA Retriever with Citrate or EDTA at 95°-99° C. Incubate for 30-60 minutes.
c. Conventional Steamer Method
Place tissues/slides in a pre-warmed staining dish or coplin jar containing the ImmunoDNA Retriever with Citrate or EDTA in a steamer, cover and steam for 30-60 minutes.
3. After heat treatment, transfer slides in ImmunoDNA Retriever with Citrate or EDTA to room temperature and let stand for 15-20 minutes.
4. For manual staining, perform antibody incubation at ambient temperature. For automated staining methods, perform antibody incubation according to instrument manufacturer's instructions.
5. Wash slides with ImmunoDNA washer or DI water.
6. Continue IHC staining protocol. Wash slides between each step with ImmunoDNA washer solution.

Abbreviated Immunohistochemical Protocol

Step	ImmunoDetector AP/HRP	PolyDetector AP/HRP	PolyDetector Plus HRP
Peroxidase/AP Blocker	5 min.	5 min.	5 min
Primary Antibody	30-60 min.	30-60 min.	30-60 min.
1st Step Detection	10 min.	30-45 min.	15 min.
2nd Step Detection	10 min.	Not Applicable	15 min.
Substrate- Chromogen	5-10 min.	5-10 min.	5-10 min.
Counterstain / Coverslip	Varies	Varies	Varies

Abbreviated IF Protocol

Step	Incubation Time
Rinse slides in IF wash buffer	5 minutes
Drain and wipe excess IF wash buffer off slide	
Conduct remaining steps in the dark	
Apply Antibody	30-60 minutes
Rinse with 3 changes of IF wash buffer	3x15 minutes each
Coverslip with IF mounting medium	

Mounting Protocols

For detailed instructions using biodegradable permanent mounting media such as XyGreen PermaMounter (BSB 0169-0174) or organic solvent based resin such as PermaMounter (BSB 0094-0097), refer to PI0174 or PI0097.

Product Limitations

Due to inherent variability present in immunohistochemical procedures (including fixation time of tissues, dilution factor of antibody, retrieval method utilized, and incubation time), optimal performance should be established through the use of positive and negative controls. Results should be interpreted by a qualified medical professional.

References

1. Chu AJ. Tissue factor, blood coagulation, and beyond: an overview. Int J Inflam. 2011;2011:367284. doi: 10.4061/2011/367284.
2. F3 coagulation factor III, tissue factor [Homo sapiens (human)]. https://www.ncbi.nlm.nih.gov/gene?Db=gene&Cmd=DetailsSearch&Term=2152
3. Sawada M, et al. Expression of tissue factor in non-small-cell lung cancers and its relationship to metastasis. Br J Cancer. 1999;79(3-4):472-7.doi: 10.1038/sj.bjc.6690073.
4. Ueno T, et al. Tissue factor expression in breast cancer tissues: its correlation with prognosis and plasma concentration. Br J Cancer. 2000;83(2):164-70. doi: 10.1054/bjoc.2000.1272.
5. Van den Berg YW, et al. The relationship between tissue factor and cancer progression: insights from bench and bedside. Blood. 2012;119(4):924-32. doi: 10.1182/blood-2011-06-317685.
6. Bautista Vargas, M., et al. Potential role for tissue factor in the pathogenesis of hypercoagulability associated with in COVID-19. J Thromb Thrombolysis. 2020 Jun 9: 1–5.doi: 10.1007/s11239-020-02172-x
7. U.S. Department of Health and Human Services: Centers for Disease Control and Prevention. Guidelines for Safe WorkPractices in Human and Animal Medical Diagnostic Laboratories. Supplement / Vol. 61, January 6, 2012. https://www.cdc.gov/mmwr/pdf/other/su6101.pdf

Symbol Key / Légende des symboles/Erläuterung der Symbole

EC REP QAdvis EAR AB Ideon Science Park Scheelevägen 17 SE-223 70 Lund, Sweden	Storage Temperature Limites de température Zulässiger Temperaturbereich	Manufacturer Fabricant Hersteller	REF Catalog Number Référence du catalogue Bestellnummer
IVD In Vitro Diagnostic Medical Device Dispositif médical de diagnostic in vitro In-Vitro-Diagnostikum	Read Instructions for Use Consulter les instructions d'utilisation Gebrauchsanweisung beachten	Expiration Date Utiliser jusque Verwendbar bis	LOT Lot Number Code du lot Chargenbezeichnung

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