

Mouse Anti-CD16 [DJ130C]: MC0331, MC0331RTU7

Intended Use: For Research Use Only

Description: CD16 is a biomarker associated with monocytes and natural killer (NK) cells of the lymphoid lineage. Anti-CD16 immunohistochemistry is useful in differentially diagnosing hepatosplenic gamma delta T-cell lymphoma and gamma delta T-cell large granular lymphocyte leukemia from other peripheral T-cell lymphomas, such as mucosal and cutaneous gamma delta T-cell lymphoma. It is reported that 58% of hepatosplenic gamma delta T-cell lymphomas express CD16, and 86% of gamma delta T-cell large granular lymphocyte leukemias are immunoreactive with anti-CD16. Mucosal and cutaneous gamma delta T-cell lymphomas usually do not express CD16 antigen. A significant decrease can be seen in the number of granulocytes expressing CD16 in chronic myelomonocytic leukemia compared to chronic myelogenous leukemia and control bone marrow biopsy, probably related to dysgranulopoiesis. Bone marrow biopsy immunohistochemistry can be helpful in CMML by identifying both the monocyte expansion and the dysgranulopoiesis with anti-CD16.

Specifications:

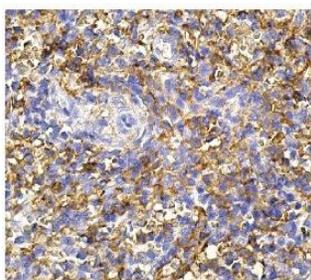
Clone: DJ130C
 Source: Mouse
 Isotype: IgG1k
 Reactivity: Human
 Localization: Membrane, secreted
 Formulation: Antibody in PBS pH7.4, containing BSA and $\leq 0.09\%$ sodium azide (NaN₃)
 Storage: Store at 2°- 8°C
 Applications: IHC, Flow Cyt., IF, IP, WB
 Package:

Description	Catalog No.	Size
CD16 Concentrated	MC0331	1 ml
CD16 Prediluted	MC0331RTU7	7 ml

IHC Procedure*:

Positive Control Tissue: Lung, thymus, B cell lymphoma, uterus, spleen, placenta, liver, liver HCC.
 Concentrated Dilution: 50-200
 Pretreatment: Citrate pH6.0 or EDTA pH8.0, 15 minutes using Pressure Cooker, or 30-60 minutes using water bath at 95°-99°C
 Incubation Time and Temp: 30-60 minutes @ RT
 Detection: Refer to the detection system manual

* Result should be confirmed by an established diagnostic procedure.



FFPE human spleen stained with anti-CD16 showing membrane staining of cells in red pulp

References:

1. Natural killer cell response is a predictor of good outcome in MCPyV+ Merkel cell carcinoma: A case series of 23 patients. Laniosz V, et al. J Am Acad Dermatol. Jul;77(1):31-32. 2017.
2. The association of HLA-G and immune markers in recurrent miscarriages. Eskicioğlu F, et al. J Matern Fetal Neonatal Med. Sep;29(18):3056-60. 2016.

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Rev. A

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