Incubate for 32 minutes at 37°C.

Primary Antibody:

Mild

Pretreatment Solution (recommended):

CC1

ultra

VIEW Detection Kit

Using Protocol Recommendations:

verified by the user.

stored under conditions other than those specified in the package insert, they must be

Store at 2ºC to 8ºC. Do not use after expiration date printed on vial. If reagents are

Storage and Stability:

Buffer with protein carrier and preservative

Supplied As:

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

Known Applications:

Colon carcinoma

Positive Tissue Control:

Cytoplasmic and cell membrane

Cellular Localization:

Epitope/Antigen:

Total Protein Concentration:

~10 mg/ml. Call for lot specific Ig concentration.

IgG1/k

Clone:

Species Reactivity:

Human; others not tested

Mouse monoclonal

Source:

reaction.

The initial step binds the primary antibody to its specific epitope. After labeling the

antigen with a primary antibody, an enzyme labeled polymer is added to bind to the

primary antibody. The detection of the bound antibody is evidenced by a colorimetric

antigen with a primary antibody, an enzyme labeled polymer is added to bind to the

The optimum antibody dilution and 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 Biocare products. Ultimately, it is the responsibility of
the investigator to determine optimal conditions. The clinical interpretation of any
positive or negative staining should be evaluated within the context of clinical
presentation, morphology and other histopathological criteria by a qualified
pathologist. The clinical interpretation of any positive or negative staining should be
complemented by morphological studies using proper positive and negative internal
and external controls as well as other diagnostic tests.

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

Precautions:

1. This antibody contains less than 0.1% sodium azide. Concentrations less than 0.1%
are not reportable hazardous materials according to U.S. 29 CFR 1910.1200, OSHA
Hazard communication and EC Directive 91/155/EC. 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. (Center for Disease Control,
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 come into contact with sensitive
areas, wash with copious amounts of water. (7)
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 vial.
6. The SDS is available upon request and is located at http://biocare.net/.

Troubleshooting:

Follow the antibody specific protocol recommendations according to data sheet
provided. If atypical results occur, contact Biocare's Technical Support at
1-800-542-2002.

Summary and Explanation:

CDH17 (Cadherin 17 or LI-cadherin) is a novel oncogene which is involved in tumor
invasion and metastasis and is expressed in intestinal epithelium (1,2). CDH17 is a
highly specific marker in colon cancer (99/99, 100%) and is a more sensitive marker
than CDX2 (93/99, 94%) and CK20 (91/99, 92%) (3). Overexpression of CDH17 (and
conversely, underexpression of CDX2) correlates to poor prognosis in patients with
epithelial ovarian cancer (1). CDH17 may be helpful for early diagnosis of Barrett’s
esophagus (4). CDH17 has been shown to be a useful marker for distinguishing
between primary urinary bladder adenocarcinoma and urothelial carcinoma with
 glandular differentiation (5). Note that it does not distinguish primary urinary bladder
adenocarcinoma from colorectal adenocarcinoma secondarily involving the bladder (5).

Principle of Procedure:

Antigen detection in tissues and cells is a multi-step immunohistochemical process.
The initial step binds the primary antibody to its specific epitope. After labeling the
antigen with a primary antibody, an enzyme labeled polymer is added to bind to the
primary antibody. The detection of the bound antibody is evidenced by a colorimetric
reaction.

Source: Mouse monoclonal

Species Reactivity: Human; others not tested

Clone: 1H3

Isotype: IgG1/k

Total Protein Concentration: ~10 mg/ml. Call for lot specific Ig concentration.

Epitope/Antigen: CDH17

Cellular Localization: Cytoplasmic and cell membrane

Positive Tissue Control: Colon carcinoma

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

Supplied As: Buffer with protein carrier and preservative

Storage and Stability: Store at 2°C to 8°C. Do not use after expiration date printed on vial.
If reagents are stored under conditions other than those specified in the package insert, they must be verified by the user.

Protocol Recommendations:

Using ultraVIEW Detection Kit

Pretreatment Solution (recommended): CC1

Pretreatment Protocol: Mild

Primary Antibody: Incubate for 32 minutes at 37°C.

Technical Note:

Biocare's VP-Echelon Series of predilutes have been developed for use with Ventana®
Medical Systems, BenchMark® XT Immunohistochemistry Staining System in
combination with Ventana® Detection Kits and Ventana® Prep Kit Dispensers.

Limitations:

For In Vitro Diagnostic Use

CDH17 (M) [1H3] is a mouse monoclonal antibody that is intended for laboratory use
in the qualitative identification of CDH17 protein by immunohistochemistry (IHC) in
formalin-fixed paraffin-embedded (FFPE) human tissues. The clinical interpretation of
any staining or its absence should be complemented by morphological studies using
proper controls and should be evaluated within the context of the patient’s clinical
history and other diagnostic tests by a qualified pathologist.

VP Echelon™ Series

Catalog Number: AV13111 G

Description: 6.0 ml, prediluted

Dilution: Ready-to-use

Intended Use:

For In Vitro Diagnostic Use

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proper controls and should be evaluated within the context of the patient’s clinical
history and other diagnostic tests by a qualified pathologist.
References:
3. Tacha D, Zhou D. CDH17 is a highly specific marker and is a more sensitive marker than CDX2 and CK20 in colon cancers. Poster session presented at: CAP’14 The Pathologists’ Meeting; 2014 Sep 7-10; Chicago, IL.

*VP Echelon Series antibodies are developed solely by Biocare Medical LLC and do not imply approval or endorsement of Biocare’s antibodies by Ventana Medical Systems, Inc. Biocare and Ventana are not affiliated, associated or related in any way. Ventana®, BenchMark®, iVIEW™ and ultraView™ are trademarks of Ventana Medical Systems, Inc.