

## Anti-CD2, mouse monoclonal (BS60)

BSH-9399-100 (0.1 ml), BSH-9399-1 (1 ml)



<b>Clonality:</b>	Mouse monoclonal antibody
<b>Clone:</b>	BS60
<b>Application:</b>	IHC-P (1:100 – 1:400)
<b>Species Reactivity:</b>	Human
<b>Control tissues:</b>	Tonsil, appendix
<b>Buffer:</b>	TRIS with 0.03% sodium azide, pH 7.2
<b>Storage:</b>	Store at 4°C

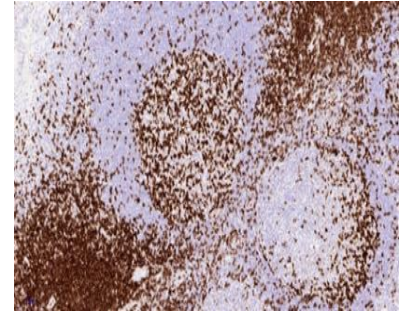
### Description

CD2 is a surface antigen of the human T-lymphocyte lineage that is expressed on all peripheral blood T-lymphocytes. It is one of the earliest T-cell markers, being present on more than 95% of thymocytes; it is also found on some natural killer cells but not on B lymphocytes. CD2 antibody is useful for lymphoma diagnostic.

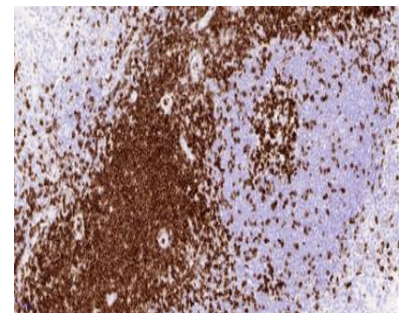
### Protocol

1. Deparaffinize and rehydrate tissue section
2. Wash: aqua dest, 2×5 min
3. Pre-treatment: PT-module HIER pH 9.0 (20min at 98°C)
4. H<sub>2</sub>O<sub>2</sub> (concentration 3%), 10 min
5. Wash: PBS or TBS buffer, 2×5 min
6. Primary antibody diluted as recommended, 30 min
7. Wash: PBS or TBS buffer, 2×5 min
8. One step HRP-polymer detection, 30 min
9. Wash: PBS or TBS buffer, 2×5 min
10. DAB Substrate, 8 min
11. Wash: aqua dest, 2×2 min
12. Counterstain, dehydrate and coverslip

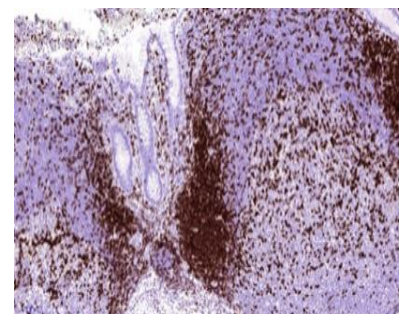
Dilution of concentrated antibody depends on the pre-treatment method and detection system used. Above protocol used in Optibodies evaluation and is meant as a reference. Final working dilution and protocol applied needs to be determined by the user always.



Tonsil section has been stained using CD2 optibody (BS60) with 1:200 dilution. T-cells have strong membranous label.



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Appendix section has been stained using CD2 optibody (BS60) with 1:200 dilution. T-cells have strong membranous label.