

Eff. Date: 4 March 2020 Version: 2.0 IFU: DOG-1 ILM5529

DOG-1 clone DOG1.1

Instructions for Use

Specification:

Expression of DOG-1 protein is elevated in the gastrointestinal stromal tumors (GIST's), KIT signaling-driven mesenchymal tumors of the GI tract. DOG-1 is rarely expressed in other soft tissue tumors, which, due to appearance, may be difficult to diagnose. Immunoreactivity for DOG-1 has been reported in 97.8 percent of scorable GIST's, including all KIT negative GIST's. Overexpression of DOG-1 has been suggested to aid in the identification of GISTs, including Platelet-Derived Growth Factor Receptor Alpha mutants that fail to express KIT antigen. The overall sensitivity of DOG1 and KIT in GIST's is nearly identical: 94.4% vs. 94.7%.

Availability:

Catalog No.	Contents	Volume
ILM5529-C01	DOG-1	0,1 ml concentrate
ILM5529-C05	DOG-1	0,5 ml concentrate
ILM5529-C1	DOG-1	1,0 ml concentrate

Intended use: For Research Use Only

Reactivity: Human

Clone: DOG1.1

Species of origin: Mouse

Isotype: IgG₁k

Control Tissue: Gastrointestinal Stromal Tumor (GIST) or testicular germ cell tumor. Melanocytes in the basal layer of the

Staining: Cytoplasmic and membranous

Immunogen: A synthetic peptide from human DOG-1 protein, conjugated to a carrier protein

Presentation: Bioreactor Concentrate with 0.05% Azide

epidermis and mast cells in the dermis of normal skin.

Application and suggested dilutions:

Pretreatment: Heat induced epitope retrieval in 10 mM citrate buffer, pH6.0, or in 50 mM Tris buffer pH9.5, for 20 minutes is required for IHC staining on formalin-fixed, paraffin embedded tissue sections.

Immunohistochemical staining of formalin-fixed, paraffin embedded tissue section (dilution 1:400-1:800) The optimal dilution for a specific application should be determined by the investigator.

Note: Dilution of the antibody in 10% normal goat serum followed by a goat anti-mouse secondary antibody-based detection is recommended.

Storage & Stability: Store at 2-8 °C. Do not use after expiration date printed on the vial.

Reference:

1) Espinosa I, et. al. Am J Surg Pathol 2008; 32:210-218.

