HistoMark[®] RED

For Localization of Alkaline Phosphatase-Labeled Reagents

Catalog No.	Size
5510-0036 (55-69-00)	500 mL

DESCRIPTION

KPL HistoMark® RED Substrate System is designed for visualization of alkaline phosphatase-labeled (AP) reagents. KPL HistoMark[®] RED is a New Fuchsin stain and KPL Contrast BLUE is a hematoxylin counterstain. The substrate system provides a red specific stain with blue counterstain for immunohistochemical staining or immunoblotting.

KIT COMPONENTS

KPL PhThaloRED Solution	5510-0038 (71-00-02)
KPL Activator Solution	5570-0002 (71-00-01)
KPL Buffered Substrate Solution	5570-0003 (71-00-04)
KPL Contrast BLUE Solution	5540-0002 (71-00-06)

Sufficient reagents are supplied to prepare 500 mL Substrate Solution (approximately 1000 slides).

STORAGE/STABILITY

- Reagents are stable for a minimum of one year stored at 2-8°C.
- Store KPL Contrast BLUE Solution tightly capped at room temperature.
- Discard KPL PhThaloRED Solution if solution turns red.
- Discard KPL Activator Solution or KPL Buffered Substrate Solution if yellow color develops.
- Warm all reagents to room temperature (24-28°C) before use.
- If a light precipitate is visible in KPL Buffered Substrate Solution, warm for 10 – 15 minutes in 37°C waterbath. Mix thoroughly by inversion until completely in solution.

REAGENTS NOT INCLUDED

- 1. Primary antibody.
- 2. AP-labeled reagents
- 3. Isopropyl alcohol.
- 4. Xylene-based mounting media.
- 5. 0.1 M Tris-HCl (see **BUFFER PREPARATION**)
- 6. 1 M Citric Acid Free Acid (see **BUFFER PREPARATION**)

PREPARATION

• Substrate Solution (prepare immediately before use in Step 10)

NOTE: Prior to preparation, if a light precipitate is visible in KPL Buffered Substrate Solution, warm for 10 - 15 minutes in 37°C waterbath. Mix thoroughly by inversion until completely in solution.

- a. Add 0.5 mL KPL Buffered Substrate Solution to 5 mL reagent quality water.
- b. Mix 0.1 mL KPL PhThaloRED Solution with 0.1 mL KPL Activator Solution in a separate tube. Mix gently and allow to stand 3 minutes.
- c. After 3 minutes combine solutions from steps a. and b. Mix thoroughly and use immediately.
- KPL Contrast BLUE Solution: supplied at use dilution.

PROCEDURE

 Rehydrate paraffin embedded sections through graded alcohol (3 minutes each in 100%, 80%, 40% and 20% EtOH) to water. Other samples do not require rehydration. Frozen sections must

be thoroughly dried before use.

- KPL HistoMark RED reagents contain levamisole to block endogenous phosphatase activity. If additional blocking is required, apply Bouin's Solution or 1M citric acid free acid 1 - 10 minutes.
- 3. Rinse slide 5 minutes in reagent quality water.
- Soak in 0.1 M Tris-HCl 3 10 minutes.
 NOTE: Inorganic phosphate inhibits alkaline phosphatase activity. Avoid use of PBS or any solution containing phosphates.
- 5. Treat sample with primary antibody diluted in Tris-HCl 15 20 minutes.
 - **NOTE:** Extended incubation may improve sensitivity.
- 6. Wash sample with Tris-HCl 10 minutes.
- Incubate sample with biotin-labeled antibody, directed against the primary antibody host species, 15 - 20 minutes. If using AP-labeled secondary antibody, proceed to Step 9.
- 8. Wash as in Step 6.







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- 9. Shake off excess buffer and incubate sample with AP Streptavidin or AP-labeled secondary antibody diluted in Tris-HCl 15 20 minutes.
- 10. Wash as in Step 6. (Prepare Substrate Solution during this step).
- 11. Shake off excess buffer and cover section with Substrate Solution.
- 12. Incubate 10 minutes at room temperature out of direct light.
- 13. Rinse slide 2 3 minutes in reagent quality water.
- 14. Counterstain in KPL Contrast BLUE Solution 30 seconds to 10 minutes.
- 15. Rinse thoroughly in reagent quality water.
- 16. Dip 10 times in 100% ethanol.
- 17. Dip 10 times in xylene or xylene equivalent.
- 18. Mount in xylene-based mounting medium.

RESULTS

- Sites of enzyme activity range from pale pink to red. Nuclei appear a contrasting pale blue.
- Sections not reacted with primary antibody as a negative control should not develop a red tint.

NOTES

- 1. Always incorporate appropriate positive and negative controls.
- 2. Use substrate reagents immediately after mixing.
- 3. Instant development of red color indicates that the primary antibody or phosphatase-labeled reagent must be further diluted.
- 4. Prolonged incubation in substrate may increase background and inhibit nuclear counterstaining.

BUFFER PREPARATION

0.1 M Tris-HCI

- a. Dissolve 121 g Tris in 500 mL reagent quality water.
- b. Adjust pH to 7.6 with 2 M HCI (approximately 300 mL).
- c. QS to 1 L with reagent quality water to obtain a 1 M stock.
- d. Dilute 1 part stock with 9 parts reagent quality water and mix well.

1 M Citric Acid Free Acid

- a. Dissolve 192 g of citric acid free acid in 500 mL reagent quality water.
- b. QS to 1L with reagent quality water.

PRINCIPLE

The application of antibodies and other reagents such as avidin, streptavidin, etc., covalently coupled to calf intestine alkaline phosphatase in immunohistology is well documented ^(I, 2). The procedure described in this insert employs a simultaneous capture azo-dye technique, providing the research laboratory a method for precise localization of alkaline phosphatase labeled reagents ^(3, 4). Primary aryl amines, when reacted with alkyl nitrites in acid media, form azo compounds ⁽⁵⁾. These react with substituted naphthols to produce highly chromogenic insoluble dyes. In this procedure the phosphate ester of 6-bromo-2-hydroxy-3-naphthoic acid (KPL Buffered Substrate Solution) is employed as substrate. Enzymatic hydrolysis, in the presence of hexazotized triaminotrimethyltriphenylmethane (KPL PhThaloRED Solution) results in the formation of a brilliant red reaction product. Endogenous enzyme is eliminated by incorporation of levamisol (6). It should be noted that a levamisole-resistant alkaline phosphatase has been demonstrated in some malignant cells from serous effusions ⁽⁷⁾. Additional blocking measures may be required (8, 9).

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REFERENCES

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The product listed herein is for research use only and is not intended for use in human or clinical diagnosis.