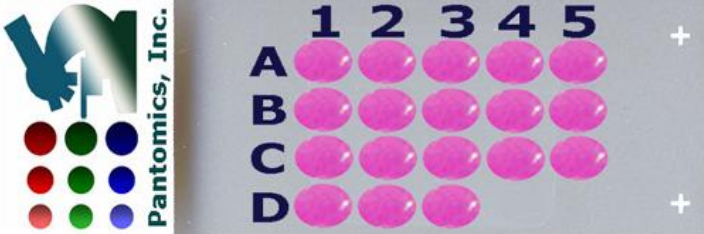


**Cat No: LYM181 - Lymphoma tissue array**

Lot#	Cores	Size	Cut	Format	QA/QC	Pantomics, Inc.	
LYM18101	18	2.5mm	4um	4X5	H&E, IHC anti-LCA		

**Recommended applications:** For research use only. RNA or protein analyses using IHC or ISH suitable for general lymphoma tissue profiling.

**Description:** 2.5mm tissue array containing 5 types of 14 cases of various lymphomas from 7 nodal and extranodal sites designed for general lymphoma tissue profiling.

All the tissues were from surgical resection. They were fixed in 10% neutral buffered formalin for 24 hours and processed using identical SOPs. Sections were picked onto Superfrost Plus or APES coated Superfrost slides. They can be stored for use at 4C for up to six months from the date of shipment. **There may be 5 to 10% of tissue core loss.**

Array Position	Sex	Age	Anatomic Site	Pathology	Grade	Stage
A01	M	54	Shoulder	Lymphoma, non-Hodgkin B cell lymphoma	null	null
A02	M	39	Lymph node, neck	Lymphoma, diffuse large B cell lymphoma	null	null
A03	M	72	Testis	Lymphoma, non-Hodgkin B cell lymphoma	null	null
A04	F	77	Thyroid	Lymphoma, MALT-B cell lymphoma, high grade	null	null
A05	M	76	Tonsil	Lymphoma, diffuse large B cell lymphoma	null	null
B01	F	27	Lymph node	Lymphoma, diffuse large B cell lymphoma	null	null
B02	M	42	Lymph node, axillary	Lymphoma, non-Hodgkin B cell lymphoma	null	null
B03	M	30	Lymph node, neck	Lymphoma, Hodgkin lymphoma	null	null
B04	M	7	Lymph node, neck	Lymphoma, Hodgkin lymphoma	null	null
B05	M	40	Lymph node	Lymphoma, Hodgkin lymphoma	null	null
C01	F	33	Stomach	Lymphoma, MALT-B cell lymphoma, high grade?	null	null
C02	F	50	Head and neck, salivary gland, parotid	Lymphoma, MALT-B cell lymphoma	null	null
C03	M	55	Lymph node, neck	Lymphoma, non-Hodgkin B cell lymphoma	null	null
C04	M	53	Lymph node, mesentery	Lymphoma, peripheral T cell lymphoma	null	null
C05	F	24	Intestine, appendix	Appendicitis	null	null
D01	M	6	Lymph node	Reactive lymph node	null	null
D02	F	8	Tonsil	Tonsillitis	null	null
D03	M	40	Spleen	Normal spleen	null	null

**Notes:** Bake at 60C for ~60 minutes before use. If antigen retrieving is needed, it is important to avoid **direct-boiling and high pH or high strength** antigen retrieving buffer. For availability of complimentary IHC data, please contact us at [info@pantomics.com](mailto:info@pantomics.com).

**Certified by:** Langxing Pan, M.D., Ph.D.



## Clinical Staging: Malignant lymphoma

Stage I - Involvement of a single lymph node region (I), or localized involvement of a single extrahepatic organ or site (I<sub>E</sub>)

Stage II - Involvement of two or more lymph node regions on the same site of the diaphragm (II), or localized involvement of a single extralymphatic organ or site and its regional lymph node(s) with or without involvement of other lymph node regions on the same side of the diaphragm (II<sub>E</sub>). The number of lymph node regions involved may be indicated by a subscript (e.g., II<sub>3</sub>)

Stage III - Involvement of lymph node regions on both sides of the diaphragm (III), which may also be accompanied by localized involvement of an associated extralymphatic organ or sites (III<sub>E</sub>), or by involvement of spleen (III<sub>s</sub>) or both (III<sub>E</sub>+s)

Stage IV - Disseminated (multifocal) involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement with distant (non-regional) nodal involvement

### A and B Classification

Each stage should be divided into A and B according to the absence or presence of defined general symptoms. These are:

1. Unexplained weight loss of more than 10% of the usual body weight for the 6 months prior to first attendance.
2. Unexplained fever with temperature above 38 degree
3. Night sweat

### Pathological Staging

Splenectomy, liver biopsy, lymph node biopsy and marrow biopsy are mandatory for the establishment of pathological staging

TNM classification of malignant tumours, Fifth Edition (1997)