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Advancing Biomedical Science Through Tissue: Aria

Cat No: PRC061 - Progesterone receptor (PR) IHC control Array

Lot#	Cores	Size	Cut	Format	QA/QC	Inc.	123
PRC06101	6	1.5mm	4um	2X3	H&E, IHC anti-PR	Pantomics	A P P P P P P P P P P P P P P P P P P P

Recommended applications: Progesterone receptor (PR) IHC control with strong, moderate and low/negative expressers

Description: The array contains three cases in duplicates of invasive ductular carcinoma of the breast. 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. As validated by IHC, A1/A2 is a strong (+++) expresser, B1/B2 is a moderate (++) expresser while C1/C2 is weak or non-expresser of the PR molecule.

Scoring criteria: The key element in the PR IHC scoring is the percentage of the nuclear staining. Many laboratories set a threshold for PR positivity at a minimum of 10% nuclear staining. The common scoring system includes "-"(<10%), "+" ($10\%\sim30\%$), "++" ($30\%\sim80\%$) and "+++" (>80%). It is also important to incorporate staining intensity. Many other laboratories may use 5% of nuclear staining as the threshold for PR positivity.

Array Position	Sex	Age	Anatomic Site	Pathology	Grade	Stage
A01	F	45	Breast	Invasive ductal carcinoma	I∼II	TisN0M0
A02	F	37	Breast	Invasive ductal carcinoma	II~III	T3N1M0
A03	F	29	Breast	Invasive clear cell carcinoma	null	T2N1M0
B01	F	45	Breast	Invasive ductal carcinoma	I∼II	TisN0M0
B02	F	37	Breast	Invasive ductal carcinoma	II~III	T3N1M0
B03	F	29	Breast	Invasive clear cell carcinoma	null	T2N1M0

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.

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