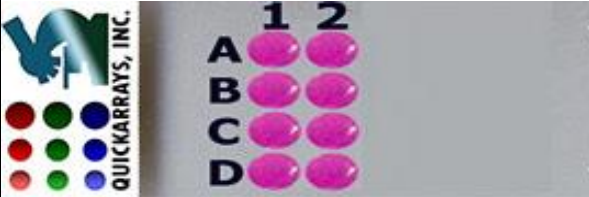


Cat No: ERC081 –ER IHC control Array

Lot#	Core s	Size	Cut	Format	QA/QC
ERC081	8	1.5 mm		4X2	H&E, IHC anti-ER



Recommended applications: Estrogen receptor (ER) IHC control with strong, moderate, low/negative expressers

Description: The array contains eight 1.5 mm cores duplicated from four cases of invasive ductal carcinoma of the breast.

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.** As validated by IHC, A1, 2 is a strong (+++) expresser, B1, 2 is a moderate (++) expresser, C1, 2 is weak (+) expresser while D1, 2 is weak or non-expresser of the ER molecule.

Scoring criteria: The key element in the ER IHC scoring is the percentage of the nuclear staining. Many laboratories set a threshold for ER positivity at a minimum of 10% nuclear staining. The common scoring system includes “-” (<10%), “+” (10%~30%), “++” (30%~80%) and “+++” (>80%). It is also important to incorporate staining intensity. Many other laboratories may use 5% of nuclear staining as the threshold for ER positivity. However, NIH recommends that any positive ER staining is considered as a positive result.

Array Position	Sex	Age	Anatomic Site	Pathology	Grade	Stage	Staining Intensity
A01	F	75	Breast	Invasive ductal carcinoma	III	T3N0M0	+++
A02	F	75	Breast	Invasive ductal carcinoma	III	T3N0M0	+++
B01	F	53	Breast	Invasive ductal carcinoma	II~III	T2N1M0	++
B02	F	53	Breast	Invasive ductal carcinoma	II~III	T2N1M0	++
C01	F	64	Breast	Invasive ductal carcinoma	II~III	T2N0M0	+
C02	F	64	Breast	Invasive ductal carcinoma	II~III	T2N0M0	+
D01	F	29	Breast	Invasive ductal carcinoma	II~III	T2N1M0	-
D02	F	29	Breast	Invasive ductal carcinoma	II~III	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.

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