P.O. Box 3286 - Logan, Utah 84323, U.S.A. - Tel. (800) 729-8350 – Tel. (435) 755-9848 - Fax (435) 755-0015 - www.scytek.com

Napsin A; Clone EP205
(Concentrate)

Availability/Contents:

Item #	Volume
A00143-C	1 ml

Description:

Species:	Rabbit
Designation:	Rabbit Monoclonal
Clone:	EP205
Isotype:	IgG
Immunogen:	Rabbits were injected with a synthetic peptide corresponding to residues of human Napsin A protein.
Format:	This antibody is provided in a phosphate buffered saline containing 1% BSA.
Specificity:	Napsin A is expressed in the cytoplasm of 84.5% of primary lung adenocarcinomas (ADC) and 79% of renal cell carcinomas showing a granular staining pattern. It is also been observed in the glandular component of the adenosquamous cell carcinoma, while cells in the squamous component remain negative. Napsin A expression has also been observed in normal type II pneumocytes and some alveolar macrophages near the neoplasms, while no expression is seen in type I pneumocytes, bronchiolar epithelium, bronchial epithelium and stromal cells.
Background:	The distinction of lung adenocarcinoma from other types of primary lung malignancies is important. Napsin A is a functional proteinase, uniquely expressed in the cytoplasm of healthy lung parenchyma. It is homologous with the polypeptide TAO2 and involved in maturation of the biologically active surfactant protein B. It also consists of a 38-kDa protein, a single-chain protein expressed in type II pneumocytes, alveolar macrophages, renal tubules, and exocrine glands and ducts in the pancreas. Napsin A expression is granular cytoplasmic and has been reported on a wide spectrum of neoplastic tissues including lung cancers. Napsin A has been shown to be a specific marker for lung adenocarcinoma (ADC); however, the specificity of Napsin A for other cancer types is not completely known. Of particular importance, Napsin A is helpful in distinguishing primary lung adenocarcinoma from adenocarcinomas of other organs in various conditions.
Species Reactivity:	Human. Others not tested.
Positive Control:	Lung Adenocarcinoma or Renal Cell Carcinoma.
Cellular Localization:	Cytoplasm, granular.
Titer/Working Dilution:	Immunohistochemistry: 1:75 – 1:150
Microbiological State:	This product is not sterile.

Storage: 2° C 8° C

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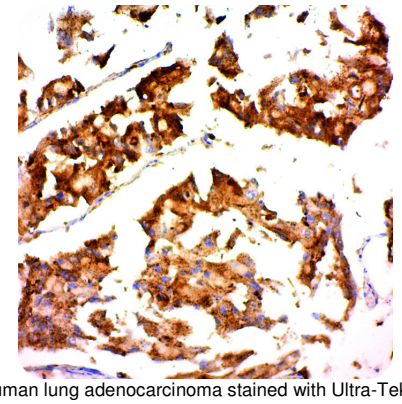
Uses/Limitations:

Not to be taken internally.
For In Vitro Diagnostic Use.
This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
Do not use if reagent becomes cloudy.
Do not use past expiration date.
Non-Sterile.

Ordering Information and Current Pricing at www.scytek.com



Human lung adenocarcinoma stained with Ultra-Tek HRP and DAB Chromogen.

Procedure:

1. **Tissue Section Pretreatment (Highly Recommended):** Staining of formalin fixed, paraffin embedded tissue sections is enhanced by pretreatment with Citrate Plus (ScyTek catalog# CPL500).

2. **Primary Antibody Incubation Time:** We suggest an incubation period of 30 minutes at room temperature. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user.

3. **Visualization:** For maximum staining intensity we recommend the "UltraTek HRP Anti-Polyvalent Lab Pack" (ScyTek catalog# UHP125, see IFU for instructions) combined with the "DAB Chromogen/Substrate Bulk Pack (High Contrast)" (ScyTek catalog# ACV500, see IFU for instructions).

Precautions:

Contains Sodium Azide as a preservative (0.09% w/v).
Do not pipette by mouth.
Avoid contact of reagents and specimens with skin and mucous membranes.
Avoid microbial contamination of reagents or increased nonspecific staining may occur.
This product contains no hazardous material at a reportable concentration according to U.S. 29 CFR 1910.1200, OSHA Hazardous Communication Standard and EC Directive 91/155/EC.

References:

1. Ordonez NG. Appl Immunohistochem Mol Morphol. 2012;20(5):429-444.
2. Turner BM, Cagle PT, Sainz IM, Fukuoka J, Shen SS, Jagirdar J. Arch Pathol Lab Med. 2012;136(2):163-171.
3. Ye J, Findeis-Hosey JJ, Yang Q, McMahon LA, Yao JL, Li F, Xu H. Appl Immunohistochem Mol Morphol. 2011;19(4)313-317.
4. Suzuki A, Shijubo N, Yamada G, Ichimiya S, Satoh M, Abe S, Sato N. Pathol Res Pract. 2005;201(8-9):579-586.

Note: Napsin A bearing EP Clone EP205 is Manufactured using Epitomics's RabMAb® technology under U.S. Patent Nos. 5,675,063 and 7,402,409.

Warranty: No products or "Instructions For Use (IFU)" are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our IFU or website. Our warranty is limited to the actual price paid for the product. ScyTek Laboratories, Inc. is not liable for any property damage, personal injury, time or effort or economic loss caused by our products. Immunohistochemistry is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue specimen may cause variations in results. Endogenous peroxidase activity or pseudoperoxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used.

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