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

MART-1; Clones M2-7C10 & M2-9E3 (Concentrate)

Availability/Contents:

Item #	Volume
A00133- C	1 ml

Description:

Species:	Mouse
Immunogen:	Recombinant human MART-1 protein was used as immunogen to generate the MART-1 antibody. This MART-1 antibody does not react with mouse or rat. Researchers should use the M2-9E3 MART-1 antibody clone, which also recognizes human MART-1, to detect mouse or rat MART-1.
Clones:	M2-7C10 & M2-9E3
Isotype:	Mouse IgG2b, Kappa
Format:	This antibody is provided in a phosphate buffer saline containing 1% BSA.
Specificity:	MART-1 has been shown to be a very specific marker for melanomas.
Background:	MART-1 (Melanoma Antigen Recognize by T cells 1), also known as Melan-A, is expressed in melanosomes and the endoplasmic reticulum. MART-1 is the most commonly used marker for identifying malignant melanoma thus facilitating complete removal of the primary tumor. In this regard, MART-1 is used both as a confirmatory marker for melanocyte differentiation in S100 (protein present in melanocytes) positive lesions and a primary marker to evaluate the extent of melanocyte tumors. MART-1 specific monoclonal antibodies have high sensitivity (75-92%) and specificity (95-100%) for melanoma. The clone M2-7C10 MART-1 antibody labels melanomas and other tumors showing melanocyte differentiation, and is widely used for assessing melanomas. Analysis of melanoma lesions with this antibody shows that there is significant heterogeneity of expression of MART-1 both as a percentage of cells and in intensity of expression. The reactivity of the MART-1 antibody is not restricted to melanoma, and the antibody has also been shown to label some mesenchymal tumors and sarcomas. MART-1 epitope recognized by antibody to clone M2-9E3 appears to be different from that recognized by the MART-1 antibody clone M2-7C10. Researchers often use more than one antibody against a given specificity to help follow up and validate results. Hence, it may be useful to use both antibodies in combination in the differential diagnosis of melanocytic tumors .
Species Reactivity:	Human.
Positive Control:	Human Melanoma
Cellular Localization:	Cell Membrane / Membrane raft
Titer/ Working Dilution:	Immunohistochemistry 1:300-1:600
Microbiological State:	This product is not sterile.

Storage: 2° C 8° C

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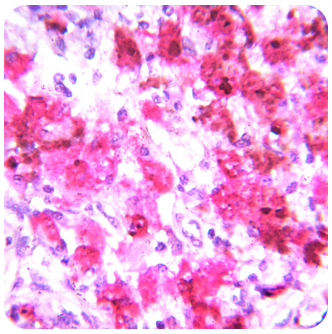
Uses/Limitations:

Not to be taken internally.
For Research Use Only.
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.
Use caution when handling reagents.
Non-Sterile.



Human Melanoma stained with Ultra-Tek Alk-Phos and Permanent Red Chromogen.

Ordering Information and Current Pricing at www.scytek.com

Procedure:

1. **Tissue Section Pretreatment (Highly Recommended):** Staining of formalin fixed, paraffin embedded tissue sections is significantly 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. Marincola FM etal. 19:192-205 J Immunother 19:192-205 (1996).
2. Kawakami Y etal. J Immunol Methods 202:13-25 (1997).
3. Campoli etal. Mohs Micrographic Surgery for the Treatment of Cutaneous Melanoma. In: Mohs Micrographic Surgery. Nouri K (Editor) 211-223 (2012).
4. Ohsie et al. Tissue-Based Protein Biomarkers in Melanoma: Immunohistochemistry: (A) Diagnosis. In Diagnostic and Prognostic Biomarkers and Therapeutic Targets in Melanoma Current Clinical Pathology, Murphy MJ (Editor).159-176 (2012), 159-176.
5. Collins etal. J Cutan Pathol 39:637-643 (2012).
6. Hoashi etal. JBC 380:14006-14016 (2005).
7. Mihic-Probst etal. PLosONE PLoS ONE 7: e33571 (2012).

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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