

Item # RA0039-C.5

Instructions For Use RA0039-C.5-IFU-RUO

Revision: 1

Rev. Date: Sept. 26, 2014

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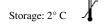
CD6; Clone C6/372 (Concentrate)

Availability/Contents:

Volume 0.5 ml

Description:

Species:	Mouse
Immunogen:	Human recombinant CD6 protein
Clone:	C6/372
Isotype:	lgG1
Entrez Gene ID:	923 (Human)
Hu Chromosome Loc.:	11q12.2
Synonyms:	T12; TP120
Mol. Weight of Antigen:	90-130kDa
Format:	200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	Cell membrane positivity as expressed by thymocytes, mature/activated T-cells, a subset of B-cells known as B-1 cells, and by some cells in the brain.
Background:	CD6 is a type I transmembrane glycoprotein that contains a 24-amino acid signal sequence, three extracellular "scavenger receptor cysteine-rich" (SRCR) domains, a membrane-spanning domain and a 44-amino acid cytoplasmic domain. The CD6 glycoprotein is tyrosine phosphorylated during TCR-mediated T-cell activation. CD6 shows significant homology to CD5. CD6 is present on mature thymocytes, peripheral T-cells and a subset of B-cells. Antibodies to CD6 are used to deplete T-cells from bone marrow transplants to prevent graft versus host disease.
Species Reactivity:	Human. Others not known.
Positive Control:	CCRF-CEM, Jurkat cells, Tonsil.
Cellular Localization:	Cell surface and cytoplasmic
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 µg/ml
C C	Flow Cytometry: 0.5-1 µg/million cells
	Immunofluorescence: 0.5-1 µg/ml
	Western Blotting: 0.5-1 µg/ml
	Immunoprecipitation: 0.5-1 µg/500µg protein lysate
Microbiological State:	This product is not sterile.
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ScyTek Laboratories, Inc. 205 South 600 West Logan, UT 84321 U.S.A.



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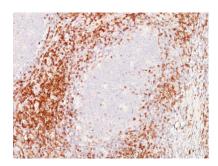
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Uses/Limitations:

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. Non-Sterile.



Formalin-paraffin tonsil (20X) stained with CD6; C6/372.

Procedure:

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

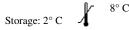
 Precautions:
 Contains Sodium Azide as a preservative (0.09% w/v).

 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. Bazil, V et. al. 1989. Monoclonal antibodies against human leucocyte antigens. III. Antibodies against CD45R, CD6, CD44 and two newly described broadly expressed glycoproteins MEM-53 and MEM-102. Folia. Biol. 35:289-297.
- 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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