


Napsin A (Lung Adenocarcinoma Marker); Rabbit Polyclonal (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
Description:	RA0348-C.5	0.5 ml
Species:	Rabbit	
Immunogen:	A synthetic peptide (RFDPKASSSFQANGTKFAIQYGT) of human Napsin-A.	
Clone:	Rabbit Polyclonal	
Isotype:	IgG	
Entrez Gene ID:	9476 (Human)	
Hu Chromosome Loc.:	19q13.33	
Synonyms:	ASP4, Aspartyl protease 4, KAP, Kidney derived aspartic protease like protein (Kdap), NAP1, NAPA, Napsa, napsin A aspartic peptidase, Pronapsin A, SNAPA.	
Mol. Weight of Antigen:	37kDa	
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:	Immunohistochemical studies revealed high expression levels of napsin A in human lung and kidney, but low expression in spleen. Napsin A is expressed in type II pneumocytes and in adenocarcinomas of lung.	
Background:	Napsin is a pepsin-like aspartic proteinase connected with the maturation of surfactant protein B. There are two closely related napsins: napsin A and napsin B. Napsin A is expressed as a single chain protein. The high specificity expression of napsin A in adenocarcinomas of lung is useful to distinguish primary lung adenocarcinomas from adenocarcinomas of other organs.	
Species Reactivity:	Human. Others not known.	
Positive Control:	Lung adenocarcinoma.	
Cellular Localization:	Cytoplasmic	
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 1-2 µg/ml Flow Cytometry: 0.5-1 µg/million cells Immunofluorescence: 1-2 µg/ml Western Blotting: 0.5-1 µg/ml Immunoprecipitation: 1-2 µg/500µg protein lysate	
Microbiological State:	This product is not sterile.	

Storage: 2° C  8° C

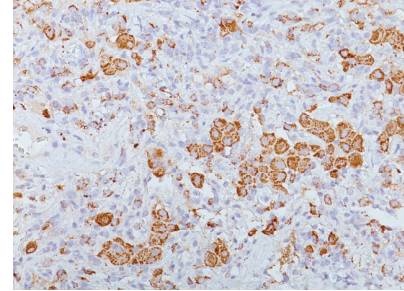


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Uses/Limitations: Not to be taken internally.
 For Research Use Only.
 This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
 Do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



Formalin-fixed, paraffin-embedded human kidney stained with Napsin A; Rabbit Polyclonal.

Ordering Information and Current Pricing at www.scytek.com

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).
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. Bishop, JA et. al. Hum Pathol 41: 20-25.
2. Ordonez, NG 2012 Adv Anat Pathol 19: 66-73.
3. Ye, J et. al. Appl Immunohistochem Mol Morphol 19: 313-317.

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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