


TTF-1; Clone 8G7G3/1 (Ready-To-Use)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	A00144-0002	2 ml
	A00144-0007	7 ml
	A00144-0025	25 ml


Description:

- Species: Mouse
- Designation: Mouse Monoclonal
- Clone: 8G7G3/1
- Isotype: IgG1
- Immunogen: BALB/c mice were injected with recombinant rat TTF-1.
- Format: This antibody has been pretitered and quality controlled to work on formalin-fixed paraffin-embedded as well as acetone fixed cryostat tissue sections. No further titration is required.
- Specificity: This antibody reacts with TTF-1 protein found in adenocarcinomas of the lung and tumors originating in the thyroid. TTF-1 positive cells are found in Type II pneumocytes and Clara cells in the lung. In the thyroid, follicular and parafollicular cells are positive. In lung cancers, Adenocarcinomas are usually positive, while Squamous Cell Carcinomas and Large Cell Carcinomas are rarely positive. In addition, Small-Cell Carcinomas (of any primary site) are usually positive.
- Background: Thyroid transcription factor (TTF-1) is a protein that regulates transcription of genes specific to thyroid, lung and diencephalon. It is also known as thyroid-specific enhancer binding protein and NKX-2. The protein plays a crucial role in normal lung function and morphogenesis. TTF-1 is expressed consistently throughout the life stages and uniformly in the terminal respiratory unit, which is comprised of peripheral airway cells and small-sized bronchioles.
The TTF-1 gene encodes a transcription termination factor that is localized to the nucleolus and plays a critical role in ribosomal gene transcription. The encoded protein mediates the termination of RNA polymerase I transcription by binding to Sal box terminator elements downstream of pre-rRNA coding regions. Alternatively spliced transcript variants encoding multiple isoforms have been observed for this gene.
TTF-1 is useful in differentiating primary Adenocarcinoma for the lung from Metastatic Carcinomas of the breast and Malignant Mesothelioma. The antibody can also be useful to differentiate Small-Cell Lung Carcinoma from lymphoid infiltrates.
- Species Reactivity: Human. Others not tested.
- Positive Control: Adenocarcinoma of the Lung or Thyroid.
- Cellular Localization: Nuclear.
- Titer/Working Dilution: No further dilution is required.
- Microbiological State: This product is not sterile.

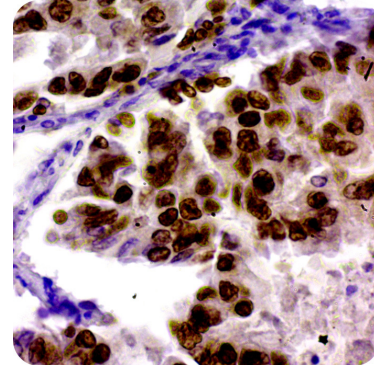
Storage: 2° C  8° C

 ScyTek Laboratories, Inc.
205 South 600 West
Logan, UT 84321
U.S.A.

 EmergoEurope (31)(0) 70 345-8570
Molsnstraat 15
2513 BH Hague, The Netherlands

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.



Human lung adenocarcinoma stained with Ultra-Tek HRP and DAB 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 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. Turner BM, Cagle PT, Sainz IM, Fukuoka J, et al. Arch Pathol Lab Med. 2012; 136:163-171.
2. Ye J, Findeis-Hosey JJ, Yang Q, McMahon LA, et al. Appl Immunohistochem Mol Morphol. 2011; 19(4):313-317.
3. Perner S, Wagner PL, Soltermann A, LaFargue C, et al. J Pathol. 2009; 217:65-72.
4. Comperat E, Zhang F, Pertini C, et al. Mod Pathol. 2005; 18:1371-1376.
5. Stenhouse G, Fyfe N, King G, Chapman A, Kerr KM. J Clin Pathol. 2004;57:383-387.
6. Yatabe Y, Mitsudomi T, Takahashi T. Am J Surg Pathol. 2002;26(6):767-773.

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