

Placental Alkaline Phosphatase (PLAP); Clone ALP/870 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	A00154-C.1	0.1 ml
	A00154-C	1 ml


Description:

Species:	Mouse
Immunogen:	Recombinant human PLAP protein
Clone:	ALP/870
Isotype:	IgG2b, kappa
Entrez Gene ID:	250 (Human)
Hu Chromosome Loc.:	2q37.1
Synonyms:	Alkaline phosphatase placental type; Alkaline phosphatase Regan Isozyme; ALP; Alp1; ALPP; Germ-cell alkaline phosphatase; nagao Isozyme; PALP; Placental alkaline phosphatase 1; placental heat-stable alkaline phosphatase; PLAP-1; PLAP1
Mol. Weight of Antigen:	70kDa
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:	Reacts with a 70kDa membrane-bound isozyme (Regan and Nagao type) of Placental Alkaline Phosphatase (PLAP) occurring in the placenta during the 3rd trimester of gestation. It is highly specific for PLAP and shows no cross-reaction with other isozymes of alkaline phosphatase.
Background:	Anti-PLAP reacts with germ cell tumors and can discriminate between these and other neoplasms. Somatic neoplasms e.g. breast, gastrointestinal, prostatic, and urinary cancers may also immunoreact with antibodies to PLAP. Anti-PLAP positivity in conjunction with anti-keratin negativity favors seminoma over carcinoma. Germ cell tumors are usually anti-keratin positive, but they regularly fail to stain with anti-EMA, whereas most carcinomas stain with anti-EMA. Anti-PLAP has been useful in the diagnosis of gestational trophoblastic disease.
Species Reactivity:	Human. Others not known.
Positive Control:	HepG2 cells. Placenta or seminoma.
Cellular Localization:	Cytoplasmic and cell surface
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 1-2µg/ml Flow Cytometry: 0.5-1µg/million cells Immunofluorescence: 0.5-1µg/ml Western Blotting: 0.5-1µg/ml Immunoprecipitation: 0.5-1µg/500µg protein lysate
Microbiological State:	This product is not sterile.

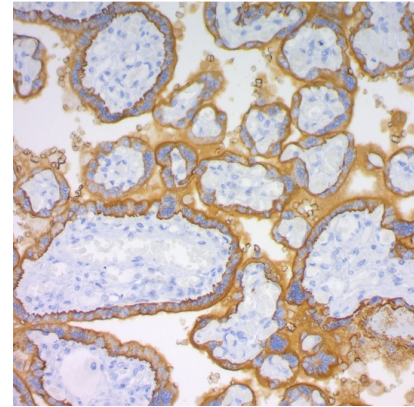
Storage: 2° C  8° C

 ScyTek Laboratories, Inc.
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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.



Formalin-fixed, paraffin-embedded human placenta stained with PLAP; Clone ALP/870.

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 “CRF Anti-Polyvalent HRP Polymer (DAB Lab Pack)” (ScyTek catalog# CPP125, 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. Wick, MR, et al. 1987; Hum Pathol. 18(9):946-54.

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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