

Instructions For Use

A00113-C-IFU-RUO

Rev. Date: Dec. 14, 2012

Revision: 1

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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

Kappa; Clone L1C1 (Concentrate)

Availability/Contents: <u>Item #</u> <u>Volume</u>

A00113-C 1 ml

Description:

Species: Mouse

Immunogen: B lymphoma cells.

Clone: L1C1

Isotype: Mouse IgG1, Kappa

Concentration: 100µl/ml.

Format: This antibody is provided in a phosphate buffered saline containing 1% BSA.

Specificity: The kappa light chain antibody recognizes the kappa light chain of immunoglobulin.

Background: The kappa light chain itself is one of the two small polypeptide subunits of an antibody, the

other being lambda. Antibodies are produced by the B-cells in lymphoid tissue. Each B lymphocyte expresses either lambda or kappa light chain but never both together. Hence, the kappa light chain antibody is a useful marker for identifying B lymphocytes expressing kappa

light chain.

If a lymph node or other tissue of lymphoid origin is normal or benign, it should contain a mixture of lambda and kappa light chain positive cells. However, if there is only one type, such

as all kappa light chain positive, then they may have all been derived from a clonal population. This may be indicative of a pathological condition, including a malignancy. As such, the kappa light chain antibody has been reported to help identify leukemias, plasmacytomas and certain non-Hodgkin's lymphomas. The underlying mechanism of identification by the kappa light chain antibody in these various cancers would be their

expression of the kappa, but not lambda, light chain.

Hence, the kappa light chain antibody has an overall usefulness in identifying normal B-cells expressing kappa light chain as well as helping to identify malignancies or potentially other pathologies characterized by a clonally derived kappa light chain positive population.

Species Reactivity: Human.

Positive Control: Tonsil.

Cellular Localization: Cytoplasmic.

Titer/Working Dilution: Immunohistochemistry: 1:200 – 1:400

Microbiological State: This product is not sterile.

Storage: 2° C 8° C





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Uses/Limitations: Not to be taken internally.

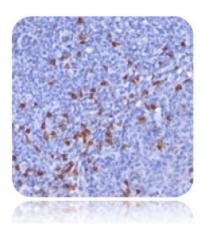
For Research Use Only.

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.

Ordering Information and Current Pricing at www.scytek.com



Procedure:

- 1. **Tissue Section Pretreatment:** Staining of formalin fixed, paraffin embedded tissue sections is enhanced by pretreatment with Citrate Plus (ScyTek catalog# CPL500) or Citrate Buffer (10x), pH 6.0 (ScyTek Catalog# CBB500, see IFU for instructions).
- 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:

- Korkolopoulou P, GA Pangalis E Patsouris, VaA Boussiotis, C Kittas C. Leukemia Lymphoma, 1994, 13:151-159 (1994).
- 2. Abe M, T Goto, SJ Kennel, D Wolfenbarger, SD Macy, DT Weiss, A Solomon. AJCP 100:67-74 (1993).
- 3. Berg AM, RF Troxler, G Grillone, J Kasznica, K Kane, AS Cohen, M Skinner. Localized amyloidosis of the larynx: evidence for light chain composition. Ann. Otol. Rhinol. Laryngol. 884-889 (1993).
- 4. Takahashi H, S Fujita, H Okabe, N Tsuda, F Tezuka. Pathol Res Prac 189:300-311 (1993).
- Momose H, YY Chen, J Ben-Ezra, LM Weiss. Hum Pathol. 23:1115-1119 (1992).

Warranty:

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Storage: 2° C

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