

GFAP; Clone ASTRO/789 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	A00158-C.1	0.1 ml
	A00158-C	1 ml

Description:

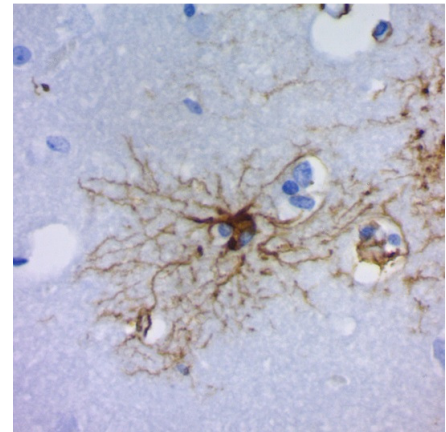
Species:	Mouse
Immunogen:	Recombinant GFAP protein
Clone:	ASTRO/789
Isotype:	IgG1
Entrez Gene ID:	2670 (Human); 14580 (Mouse); 24387 (Rat)
Hu Chromosome Loc.:	17q21.31
Synonyms:	Astrocyte or Intermediate Filament Protein, Glial Fibrillary Acidic Protein (GFAP)
Mol. Weight of Antigen:	~50kDa
Format:	200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	This antibody recognizes a protein of ~50kDa which is identified as Glial Fibrillary Acidic Protein (GFAP). It shows no cross-reaction with other intermediate filament proteins.
Background:	GFAP is specifically found in astroglia. GFAP is a very popular marker for localizing benign astrocyte and neoplastic cells of glial origin in the central nervous system. An antibody to GFAP is useful in differentiating primary gliomas from metastatic lesions in the brain and for documenting astrocytic differentiation in tumors outside the CNS.
Species Reactivity:	Human, Mouse, Rat, Cow, Pig, Rabbit, and Chicken. Others not known.
Positive Control:	Brain or Astrocytoma.
Cellular Localization:	Cytoplasmic
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 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

 ScyTek Laboratories, Inc.
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EC REP
Emergo Europe
Prinsessegracht 20
2514 AP The Hague, The Netherlands

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 brain stained with GFAP; Clone ASTRO/789. Note cytoplasmic staining.

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 “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. McLendon, R.E. and Bigner, D.D. 1994. Immunohistochemistry of the glial fibrillary acidic protein: basic and applied considerations. Brain Pathol. 4: 221-228.
2. Eng, L.F. and Ghirnikar, R.S. 1994. GFAP and astrogliosis. Brain Pathol. 4: 229-237.

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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