

Instructions For Use

RA0007-C.5-IFU-RUO

Rev. Date: Sept. 18, 2014

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

Placental Alkaline Phosphatase (PLAP) (Germ Cell Tumor Marker); Clone PL8-F6

(Concentrate)

Availability/Contents: <u>Item #</u> <u>Volume</u>
RA0007-C.5 <u>Use #</u>
0.5 ml

Description:

Species: Mouse

Immunogen: Purified human PLAP protein

Clone: PL8-F6
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): 1-2 µg/ml

Flow Cytometry: 0.5-1 µg/million cells

 $\begin{array}{ll} \mbox{Immunofluorescence:} & 0.5\mbox{-}1 \ \mbox{μg/ml$} \\ \mbox{Western Blotting:} & 0.5\mbox{-}1 \ \mbox{μg/ml$} \\ \end{array}$

Immunoprecipitation: 0.5-1 μg/500μg protein lysate

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.

CE

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



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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

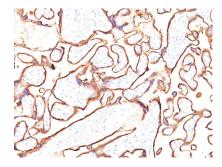
tissue sections, to be viewed by light

microscopy.

Do not use if reagent becomes cloudy. Do not use past expiration date.

Non-Sterile.

Ordering Information and Current Pricing at www.scytek.com



Formalin-paraffin human placenta stained with PLAP; Clone PL8-F6.

Procedure:

- 1. **Tissue Section Pretreatment (Highly Recommended):** Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with Citrate Plus (ScyTek catalog# CPL500).
- 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. Fishman WH, et al. Cancer Res 28:150-154, 1968.
- 2. Ho DM, et al. Cancer 70: 1577-1584, 1992.
- 3. Loke Y, et al. Int J Cancer 25:459-461, 1980.
- 4. Millan JL and Manes T. Proc Natl Acad Sci USA 85: 3024-3028, 1988.

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.

Storage: 2° C

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