

# Prostate Specific Antigen (PSA); Clone A67-B/E3 (Concentrate)


**Availability/Contents:**

<u>Item #</u>	<u>Volume</u>
RA0008-C.5	0.5 ml

**Description:**

Species:	Mouse
Immunogen:	PSA from human sperm plasma
Clone:	A67-B/E3
Isotype:	IgG1, kappa
Entrez Gene ID:	354 (Human)
Hu Chromosome Loc.:	19q13.33
Synonyms:	Antigen, prostate-specific (APS), Gamma-seminoprotein, hK3, Kallikrein related peptidase 3, Kallikrein-3 (KLK3), KLK2A1, P-30 antigen, Semenogelase, Seminol
Mol. Weight of Antigen:	33-34kDa
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:	Recognizes a single protein of 33-34kDa, identified as the prostate specific antigen (PSA). This MAbs is highly specific to PSA and stains prostatic secretory and ductal epithelium in both normal and neoplastic tissues.
Background:	PSA is a chymotrypsin-like serine protease (kallikrein family) exclusively produced by the prostate epithelium, and abundant in seminal fluid. PSA can be detected in the sera of patients with prostatic carcinoma. It is predominantly complexed to a liver-derived serine protease inhibitor, alpha-1-antichymotrypsin (ACT). A higher proportion of serum PSA is complexed to ACT in prostate cancer than in benign prostate hyperplasia.
Species Reactivity:	Human. Others not known.
Positive Control:	PC12 cells or normal prostate or prostate carcinoma.
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: 0.5-1 µg/ml Western Blotting: 0.5-1 µg/ml Immunoprecipitation: 0.5-1 µg/500µg protein lysate
Microbiological State:	This product is not sterile.

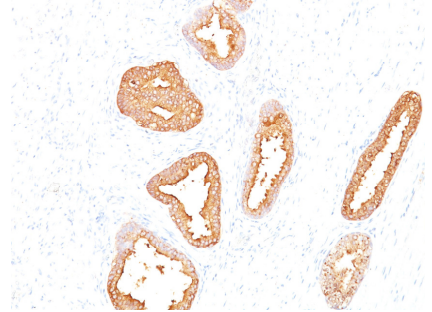
 Storage: 2° C  8° C


 ScyTek Laboratories, Inc.  
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 U.S.A.



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 Molsnstraat 15  
 2513 BH 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.



**Ordering Information and Current Pricing at [www.scytek.com](http://www.scytek.com)**

Formalin-paraffin human prostate carcinoma stained with PSA; Clone A67-B/E3.

**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).
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. ISOBM TD-3 Workshop, Tum. Biol. 20 (S1), pp 1-94, Eds. Rye P.D. et al. (1999).

**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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