



IgG (Immunoglobulin Gamma Heavy Chain) (B-Cell Marker); Clone IG217 (Concentrate)

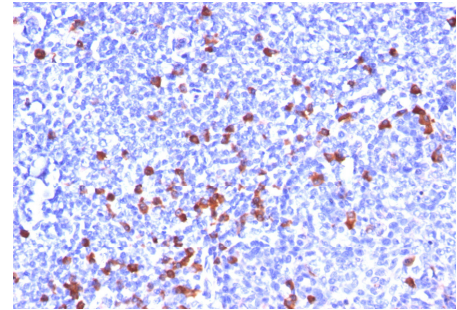
Availability/Contents:	<u>Item #</u>	<u>Volume</u>	
	RA0139-C.5	0.5 ml	
Description:			
Species:	Mouse		
Immunogen:	Purified human Ig Gamma Chain		
Clone:	IG217		
Isotype:	IgG1, kappa		
Entrez Gene ID:	3500 (IGHG1), 3501 (IGHG2), 3502 (IGHG3), 3503 (IGHG4) (Human)		
Hu Chromosome Loc.:	14q32.33		
Synonyms:	G1m Marker; G2m Marker; G3m Marker; G4m Marker; HDC; Heavy Chain Disease Protein; Human Immunoglobulin G; Ig gamma1/2/3/4 Chain C Region; IGHG1; IGHG2; IGHG3; IGHG4; Immunoglobulin Heavy Constant Gamma 1/2/3/4		
Mol. Weight of Antigen:	75kDa		
Format:	200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 1mM PBS with 0.05% BSA & 0.05% azide.		
Specificity:	Recognizes a protein of 75kDa, identified as the gamma heavy chain of human immunoglobulins. It reacts with all sub-classes of gamma chains of human immunoglobulins. It does not cross-react with alpha (IgA), mu (IgM), epsilon (IgE), or delta (IgD), heavy chains, T-cells, monocytes, granulocytes, or erythrocytes.		
Background:	This monoclonal antibody is useful in the identification of leukemias, plasmacytomas, and certain non-Hodgkin's lymphomas. The most common feature of these malignancies is the restricted expression of a single heavy chain class. Demonstration of clonality in lymphoid infiltrate indicates that the infiltrate is clonal and therefore malignant.		
Species Reactivity:	Human. Others not known.		
Positive Control:	293T, Raji or hPBL cells. Tonsil or spleen.		
Cellular Localization:	Cytoplasm, Cell Surface and Secreted.		
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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 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

Formalin-paraffin human tonsil stained with IgG; Clone IG217.


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 “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.

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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