

Kappa Light Chain (B-Cell marker); Clone KLC709 (Concentrate)


Availability/Contents:

| <u>Item #</u> | <u>Volume</u> |
|---------------|---------------|
| RA0153-C.5 | 0.5 ml |

Description:

| | |
|--------------------------|---|
| Species: | Mouse |
| Immunogen: | Recombinant human Ig kappa chain |
| Clone: | KLC709 |
| Isotype: | IgG1, kappa |
| Entrez Gene ID: | 3514 (Human) |
| Hu Chromosome Loc.: | 2p11.2 |
| Synonyms: | HCAK1; Ig Kappa Chain C Region; IGKC; Immunoglobulin KM |
| Mol. Weight of Antigen: | ~22.5kDa |
| 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: | This monoclonal antibody is specific to the kappa light chain of immunoglobulins and shows no cross-reaction with the lambda light chain or any of the five heavy chains. |
| Background: | In mammals, the two light chains in an antibody are always identical, with only one type of light chain, kappa or lambda. The ratio of kappa to lambda is 70:30. However, with the occurrence of multiple myeloma or other B-cell malignancies, this ratio is disturbed. An antibody to the kappa light chain is reportedly useful in the identification of leukemias, plasmacytomas, and certain non-Hodgkin's lymphomas. Demonstration of clonality in lymphoid infiltrates indicates that the infiltrate is malignant. |
| Species Reactivity: | Human. Others not known. |
| Positive Control: | 293T, Raji or hPBL cells. Tonsil or spleen. |
| Cellular Localization: | Cell surface, cytoplasmic and secreted |
| Titer/ Working Dilution: | Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 µg/ml Flow Cytometry: 0.5-1 µg/million cells |
| Microbiological State: | This product is not sterile. |

Storage: 2° C  8° C

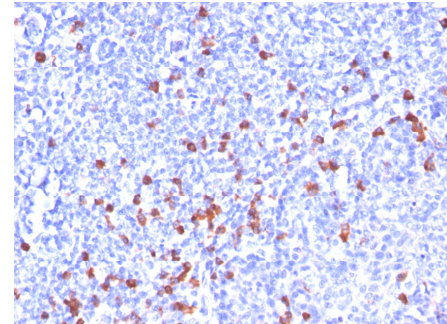


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Uses/Limitations: Not to be taken internally.
 For Research Use Only.
 This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
 Do not use if reagent becomes cloudy.
 Do not use past expiration date.
 Non-Sterile.



Ordering Information and Current Pricing at www.scytek.com

Formalin-paraffin human tonsil stained with Kappa Light Chain; Clone KLC709.

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. Kiyotaki M *et. al.* J Immunol. 1987;138(12):4150-8.
2. Nakamura T *et. al.* Proc Natl Acad Sci U S A. 1992;89(18):8522-6.

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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