


# Napsin A (Lung Adenocarcinoma Marker); Clones NAPSA/1238 & NAPSA/1239 (Concentrate)

Availability/Contents:	Item #	Volume
	RA0479-C.1	0.1 ml
	RA0479-C.5	0.5 ml
	RA0479-C1	1 ml

## Description:

Species:	Mouse
Immunogen:	Recombinant human Napsin-A protein fragment (aa 189-299). Exact sequence is proprietary.
Clones:	NAPSA/1238 & NAPSA/1239
Isotype:	IgG1, Kappa
Entrez Gene ID:	9476
Hu Chromosome Loc.:	19q13.33
Synonyms:	ASP4, Aspartyl protease 4, KAP, Kidney derived aspartic protease like protein (Kdap), NAP1, NAPA, Napsa, Napsin A aspartic peptidase, Pronapsin A, SNAPA.
Mol. Weight of Antigen:	37kDa
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 is specific for a pepsin-like aspartic proteinase identified as Napsin A.
Background:	Napsin is a pepsin-like aspartic proteinase connected with maturation of surfactant protein B. There are two closely related napsins, napsin A and napsin B. Napsin A is expressed as a single chain protein. Immunohistochemical studies revealed high expression levels of napsin A in human lung and kidney but low expression in spleen. Napsin A is expressed in type II pneumocytes and in adenocarcinomas of lung. The high specificity expression of napsin A in adenocarcinomas of lung is useful to distinguish primary lung adenocarcinomas from adenocarcinomas of other organs.
Species Reactivity:	Human. Others not tested.
Positive Control:	Lung adenocarcinoma.
Cellular Localization:	Cytoplasmic.
Titer/ Working Dilution:	Immunohistochemistry (Frozen & Formalin-fixed): 1-2 µg/ml Flow Cytometry: 0.5-1 µg/million cells Immunofluorescence: 1-2 µg/ml Western Blotting: 1-2 µg/ml
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.

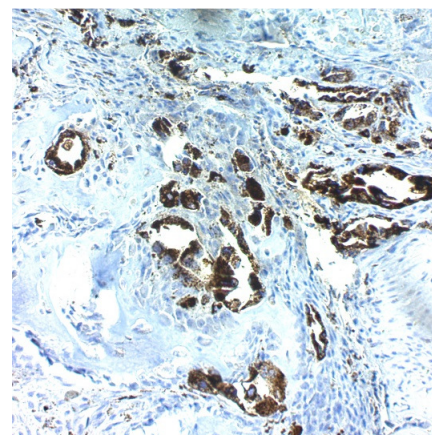
CE

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.



FFPE Lung Adenocarcinoma stained using Napsin A; Clones NAPSA/1238 & NAPSA/1239.

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

## Procedure:

- Tissue Section Pretreatment (Required):** 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.
- Visualization:** For maximum staining intensity we recommend the “CRF Anti-Polyvalent HRP Polymer (DAB) Lab Pack” (ScyTek catalog# CPP125, see IFU for instructions), combined with the “DAB Chromogen/Substrate Bulk Pack (High Contrast)” (ScyTek catalog# ACV500, see IFU for instructions).9

**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:

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## 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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