

HCG-beta (Pregnancy & Choriocarcinoma Marker); Clone SPM105 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	RA0506-C.1	0.1 ml
	RA0506-C.5	0.5 ml
	RA0506-C1	1 ml

Description:

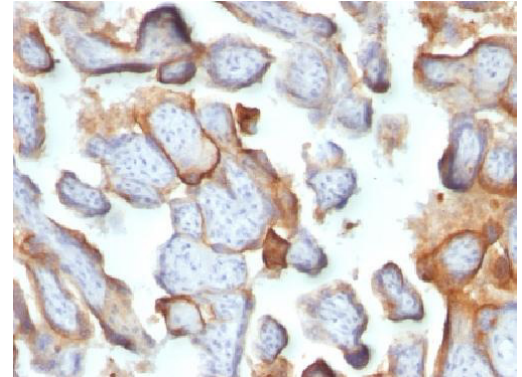
Species:	Mouse
Immunogen:	Recombinant hCG beta protein.
Clone:	SPM105
Isotype:	IgG1, kappa
Entrez Gene ID:	1082
Hu Chromosome Loc.:	19q13.33
Synonyms:	CG-beta; CGB3; CGB5; CGB7; CGB8; Choriogonadotropin Subunit beta; hCGB.
Mol. Weight of Antigen:	22kDa
Format:	200ug/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	This monoclonal antibody reacts with a protein of 22kDa, identified as HCG-beta, a sub-unit of HCG. It does not cross react with the HCG-alpha sub-unit.
Background:	HCG is a glycoprotein, which is secreted in large quantities by normal trophoblasts. It is present only in trace amounts in non-pregnant urine and sera but rises sharply during pregnancy. HCG is composed of two non-identical, non-covalently linked polypeptide chains designated as the α and β subunits. The β subunit is identical to that of thyroid stimulating hormone (TSH), follicle stimulating hormone (FSH), and luteinizing hormone (LH). hCG MAb detects cells and tumors of trophoblastic origin such as choriocarcinoma. Large cell carcinoma and adenocarcinoma of the lung demonstrate anti-hCG positivity in 90% and 60% of cases respectively. 20% of lung squamous cell carcinomas are positive. hCG expression by non-trophoblastic tumors may indicate aggressive behavior.
Species Reactivity:	Reacts with human. Others not known.
Positive Control:	Placenta
Cellular Localization:	Cytoplasmic, secreted.
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 μ g/ml
Microbiological State:	This product is not sterile.

Storage: 2° C  8° C

 ScyTek Laboratories, Inc.
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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.



Formalin-fixed, paraffin embedded human Placenta stained with hCG-beta; Clone SPM105.

Ordering Information and Current Pricing at www.scytek.com

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 “CRF Anti-Polyvalent HRP Polymer (DAB) Lab Pack” (ScyTek catalog# CPP125, 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. Cocquebert M et. al. Am J Physiol Endocrinol Metab. 2012;303(8):E950-8.

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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