


Alpha-1-Antichymotrypsin (SERPINA3) (Histiocytoma Marker); Clone AACT/1451 (Concentrate)

Availability/Contents:	Item #	Volume
	RA0521-C.1	0.1 ml
	RA0521-C.5	0.5 ml
	RA0521-C1	1 ml

Description:

Species:	Mouse.
Immunogen:	Recombinant human Antichymotrypsin (AACT) protein fragment (aa49-187) (exact sequence is proprietary).
Clone:	AACT/1451
Isotype:	IgG1.
Entrez Gene ID:	12
Hu Chromosome Loc.:	14q32.1
Synonyms:	SERPINA3; AACT; ACT; Alpha-1-antichymotrypsin; Antichymotrypsin; Cell growth-inhibiting gene 24/25 protein; GIG24; GIG25; Growth inhibiting protein 24; Growth inhibiting protein 25; Serine (or cysteine) proteinase inhibitor clade A member 3; Serine proteinase inhibitor clade A member 3; Serpin A3; Serpin peptidase inhibitor clade A (alpha 1 antiproteinase antitrypsin) member 3.
Mol. Weight of Antigen:	65-76kDa.
Format:	200ug/ml of antibody purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	It recognizes a protein of 65-76kDa, which is identified antichymotrypsin (AACT). Acinar tumors of the pancreas and salivary gland may also exhibit AACT positivity.
Background:	AACT is a plasma protease inhibitor synthesized in the liver as a single glycopeptide chain. In human, the normal serum level of AACT is about one-tenth that of α 1-antitrypsin (AAT), with which it shares nucleic acid and protein sequence homology. Both are major acute phase reactants; their concentrations in plasma increase in response to trauma, surgery and infection. Elevated levels of AACT are widely, but not universally, reported in the cerebrospinal fluid and plasma of AD patients. Prostate-specific antigen (PSA) and its SDS-stable complex with AACT are in widespread use as markers for the diagnosis of prostate cancer. AACT deficiency may also be a possible cause of chronic liver disease. AACT antibody reacts with histiocytes and histiocytic neoplasms. It is widely used to identify histiocytes and tumors derived from them.
Species Reactivity:	Reacts with human. Others not known.
Positive Control:	HeLa Cells. Tonsil, Pancreas or Histiocytoma.
Cellular Localization:	Cytoplasmic.
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 μ g/ml Flow Cytometry: 0.5-1 μ g/million cells Immunofluorescence: 0.5-1 μ g/ml Western Blot 0.5-1 μ g/ml
Microbiological State:	This product is not sterile.

 Storage: 2° C  8° C

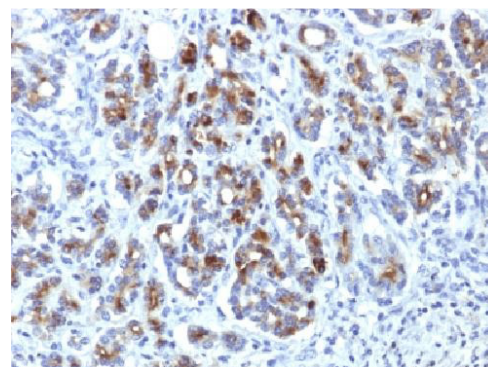

 ScyTek Laboratories, Inc.
 205 South 600 West
 Logan, UT 84321
 U.S.A.



 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 human Pancreas stained with α-1-Antichymotrypsin; Clone AACT/1451

Ordering Information and Current Pricing at 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).

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:

- Miyake, H., et al. 2001. Value of prostate specific antigen α1-antichymotrypsin complex for the detection of prostate cancer in patients with a PSA level of 4.1-10.0 ng/mL: comparison with PSA-related parameters. Int. J. Urol. 8: 589-593.

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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