

AFP (Alpha Fetoprotein) (Hepatocellular/Germ Cell Tumor Marker); Clone SPM334 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	RA0555-C.1	0.1 ml
	RA0555-C.5	0.5 ml
	RA0555-C1	1 ml

Description:

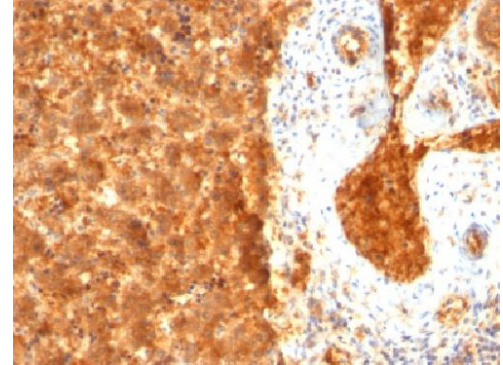
Species:	Mouse.
Immunogen:	Alpha fetoprotein (AFP) purified from serum of a hepatoma patient.
Clone:	SPM334.
Isotype:	IgG2a, kappa.
Entrez Gene ID:	174.
Hu Chromosome Loc.:	4q13.3.
Synonyms:	Alpha fetoglobulin; FETA; HPAFP.
Mol. Weight of Antigen:	70kDa.
Format:	200ug/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	This monoclonal antibody recognizes an oncofetal glycoprotein with a single chain of 70kDa, which is identified as alpha fetoprotein (AFP). This monoclonal antibody is highly specific to AFP and shows no cross-reaction with other oncofetal antigens or serum albumin.
Background:	AFP is normally synthesized in the liver, intestinal tract, and yolk sac of the fetus. Antibody to AFP has been shown to be useful in detecting hepatocellular carcinomas (HCC) and germ cell neoplasms, especially yolk sac tumors.
Species Reactivity:	Reacts with human, monkey, dog, and pig. It does not react with cow, cat, mouse, and rat.
Positive Control:	Hep-G2 cells. Fetal liver or hepatocellular carcinoma.
Cellular Localization:	Cytoplasmic.
Titer/ Working Dilution:	Immunohistochemistry (Formalin-fixed): 1-2 µg/ml Flow Cytometry: 0.5-1 µg/million cells Immunofluorescence: 0.5-1 µg/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.



FFPE human fetal liver stained with AFP; Clone SPM334.

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 Tris-EDTA HIER Solution (10x) pH 9.0 (ScyTek catalog# TES500) for 5-10 minutes at >95°C followed by cooling to room temperature for 20 minutes.
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), 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. Yazova AK; Goussev AI; Poltoranina VS; Yakimenko EF. Human alpha-fetoprotein epitopes as revealed by monoclonal antibodies. Immunology Letters, 1990 Sep, 25(4):325-30.

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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