


TAG-72 / CA72.4 (Tumor-Associated Glycoprotein); Clone SPM148 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	RA0566-C.1	0.1 ml
	RA0566-C.5	0.5 ml
	RA0566-C1	1 ml

Description:

Species:	Mouse.
Immunogen:	Membrane-enriched fraction of a human breast carcinoma liver metastasis.
Clone:	SPM148.
Isotype:	IgG1, kappa.
Entrez Gene ID:	Not Known.
Hu Chromosome Loc.:	Not Known.
Synonyms:	CA 72.4, Tumor associated glycoprotein 72.
Mol. Weight of Antigen:	220kDa.
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:	Recognizes an oncofetal antigen of 220kDa, identified as a tumor-associated glycoprotein (TAG-72) with properties of a mucin. Studies have reported that this antibody has 80% sensitivity and 93% specificity for pulmonary adenocarcinoma. Therefore, TAG-72 is a useful marker to distinguish between mesothelioma and adenocarcinoma. However, false positive reactions can occur so results must be interpreted with the utmost caution.
Background:	This MAb defines the mucin-carried sialylated-Tn epitope. TAG-72 is usually expressed by adenocarcinomas, but is negative in mesotheliomas. This antibody may be useful in the differentiation of non-small cell carcinomas from small cell carcinomas of the lung. The combined use of anti-TAG-72 and anti-GCDFP-15 is valuable in the diagnosis of apocrine carcinoma.
Species Reactivity:	Reacts with human, cow, dog, hamster, and rat. Others not known.
Positive Control:	Jurkat cells. Breast or lung carcinoma.
Cellular Localization:	Cytoplasmic and cell surface.
Titer/ Working Dilution:	Immunohistochemistry (Formalin-Fixed): 0.5-1 µg/ml Flow Cytometry: 0.5-1 µg/million cells Immunofluorescence: 1-2 µg/ml
Microbiological State:	This product is not sterile.

Storage: 2° C  8° C

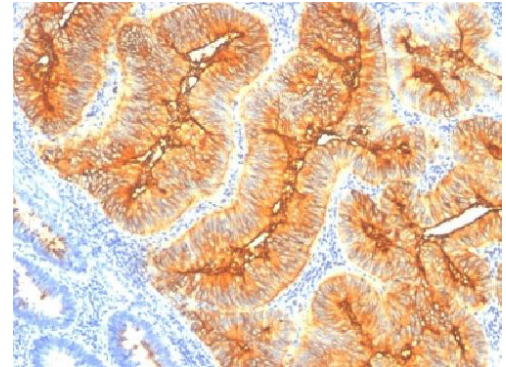


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Uses/Limitations: Not to be taken internally.
 For Research Use Only.
 This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
 Do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



FFPE human colon carcinoma stained with TAG-72; Clone SPM148.

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. Lottich SC et. al. Breast Cancer Research and Treatment, 1985, 6(1):49-56.
2. Thor A et. al. Cancer Research, 1986, 46(6):3118-24.

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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