



EGFR (Epidermal Growth Factor Receptor); Clone SPM622 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	RA0580-C.1	0.1 ml
	RA0580-C.5	0.5 ml
	RA0580-C1	1 ml

Description:

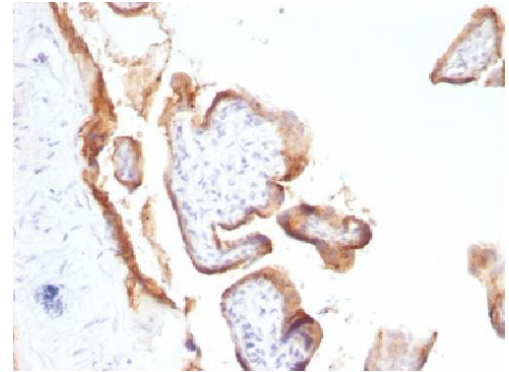
Species:	Mouse.
Immunogen:	Human EGFR purified from A431 cells.
Clone:	SPM622.
Isotype:	IgG2a, kappa.
Entrez Gene ID:	1956.
Hu Chromosome Loc.:	7p11.2.
Synonyms:	ErbB1; ERBB1; Errp; HER1; mENA; PIG61; Proto-oncogene c-ErbB-1; Receptor Tyrosine Protein Kinase; ErbB1; Urogastrone; wa2; Wa5.
Mol. Weight of Antigen:	~170kDa (wild type) and ~145kDa (vIII variant).
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:	This monoclonal antibody recognizes a protein of 170kDa, identified as EGFR. EGFR is type I receptor tyrosine kinase with sequence homology to erbB-1, -2, -3 -4 or HER-1, -2, -3 -4.
Background:	This monoclonal antibody binds to Epidermal Growth Factor (EGF), Transforming Growth Factor-a (TGF-a), Heparin-binding EGF (HB-EGF), amphiregulin, betacellulin and epiregulin. EGFR is overexpressed in tumors of breast, brain, bladder, lung, gastric, head & neck, esophagus, cervix, vulva, ovary, and endometrium. It is predominantly present in squamous cell carcinomas.
Species Reactivity:	Reacts with human. Others not known.
Positive Control:	A431 cells. Placenta, breast, colon, or bladder cancer.
Cellular Localization:	Cell surface.
Titer/ Working Dilution:	Immunohistochemistry (Formalin-Fixed): 2-4 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

 ScyTek Laboratories, Inc.
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Prinsessegracht 20
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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 placenta stained with EGFR; Clone SPM622.

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), 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. Tungekar MF et. al. Journal of Clinical Pathology. 51: 583-587 (1998).

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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