



# SZABO SCANDIC

Part of Europa Biosite

## Produktinformation



Forschungsprodukte & Biochemikalien



Zellkultur & Verbrauchsmaterial



Diagnostik & molekulare Diagnostik



Laborgeräte & Service

Weitere Information auf den folgenden Seiten!  
See the following pages for more information!



### Lieferung & Zahlungsart

siehe unsere [Liefer- und Versandbedingungen](#)

### Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

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## CA 19-9, Sialyl-Lewis a

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[nordicmubio.com/product/ca-19-9-sialyl-lewis-a](http://nordicmubio.com/product/ca-19-9-sialyl-lewis-a)

Catalogue number: **CA199-1**

Clone	121 SLE
Isotype	IgM
Product Type	Primary Antibodies
Units	1 ml
Host	Mouse
Application	ELISA Immunohistochemistry (frozen & paraffin) Immunoradiometric assay

### Background

CA 19-9 antibody reacts strongly positive with most tumour cell lines of gastrointestinal carcinoma including adenocarcinoma of the stomach, intestine, and pancreas. Positive reactivity was also found in transitional cell carcinoma of the bladder, adenocarcinoma of the endometrium and the gallbladder as well as in papillary carcinoma of the thyroid glands. Last but not least positive reactivity of lung carcinoma must be mentioned (adenocarcinoma, bronchio-alveolar carcinoma, squamous epithelial carcinoma, and SCLC). Sialyl Lewis a antigen is an oncofetal antigen, which appears during early development of the gastrointestinal tract. After birth it is still detectable in ductus and secretion of intestinal glands, respiratory and reproductive tract. In normal tissue Sialyl Lewis a (CA 19-9) is found in ductal epithelia of the breast, kidney, salivary glands, lung, colon, bile duct, liver, pancreas and prostate gland. Sialyl Lewis a antigen (Cancer Antigen CA 19-9).

### Source

*Immunogen:* Immunodiffusion precipitate of ovarian cystic mucins with NS19-9-antibody

## **Product**

Antibody solution in stabilizing phosphate buffer pH 7.3. Contains 0.09 % sodium azide\*\*. The volume is sufficient for at least 100 immunohistochemical tests (100 µl working solution / test). Use appropriate antibody diluent e.g. BIOLOGO Art .No. PU002.

*Purification Method:* Antibody solution in stabilizing phosphate buffer pH 7.3. Contains 0.09 % sodium azide\*\*. The volume is sufficient for at least 100 immunohistochemical tests (100 µl working solution / test). Use appropriate antibody diluent e.g. BIOLOGO Art .No. PU002.

*Concentration:* 50 µg/ml

*Secondary Reagents:* As secondary reagents we recommend the use of biotinylated anti-mouse IgM antibody (Art. No. BA-2020) in combination with streptavidin conjugates or ABC systems.

## **Specificity**

*Species Reactivity:* Human

## **Applications**

ELISA, IRMA, IHC (cryostat and paraffin sections)

*Incubation Time:* 60 min at RT

*Working Concentration:* (liquid conc.) 1:10 - 1:50

*Pre-Treatment:* In paraffin section no pre-treatment is required, however heat induced antigen retrieval may improve the staining. Each laboratory should select it's own optimum staining and pre-treatment conditions.

*Positive Control:* Colon carcinoma

## **Storage**

2-8°C

## **Caution**

\*These antibodies are intended for in vitro research use only. They must not be used for clinical diagnostics and not for in vivo experiments in humans or animals. \*\* The preservative sodium azide is known to be poisonous and potentially hazardous to health. It should be handled only by trained staff. Despite of the product's low azide concentration it must be handled with care. Dispose according to regional rules!

## **References**

1. Gatalica Z., and Miettinen M. (1994) Distribution of carcinoma antigens CA 19-9 and CA 15-3: an immunohistochemical study of 400 tumors. Appl. Immunohistochem. 2(3); 205ff. 2. Tomazic A., and Pegan V. (2000) Preoperative staging of periampullar cancer with US, CT, EUS and CA 19-9. Hepatogastroenterol. 47(34); 1135-1137. 3. Tabata T.,

Takeshima N., Tanaka N., Hirai Y., and Hasumi K. (2000) Clinical value of tumor markers for early detection of recurrence in patients with cervical adenocarcinoma and adenosquamous carcinoma. *Tumour Biol.* 21(6); 375-380. 4. Dagleish A.G. (2000) Tumour markers in malignancies. CA19.9 is useful in several cancers. *B.M.J.* 321(7257); 380