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Produktinformation



Forschungsprodukte & Biochemikalien



Zellkultur & Verbrauchsmaterial



Diagnostik & molekulare Diagnostik



Laborgeräte & Service

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Lieferung & Zahlungsart

siehe unsere [Liefer- und Versandbedingungen](#)

Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

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Carcinoembryonic Antigen, Pan; Clone COL-1 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	A00135-C	1 ml

Description:

Species:	Mouse
Immunogen:	BALB/c mice were injected with an extract of human colon carcinoma.
Clone:	COL-1
Isotype:	IgG1 Kappa
Format:	This antibody is provided in a phosphate buffered saline containing 1% BSA.
Specificity:	This antibody labels the CEA-positive glycocalyx surface of gastrointestinal cells and is useful for the identification of colon carcinomas.


Background:


Carcinoembryonic antigen (CEA) is characterized as a glycosylated cell surface glycoprotein which is involved in cell adhesion. CEA from various tumors display different carbohydrate contents. CEA is capable of both homophilic (CEA binding to CEA) and heterophilic (CEA binding to non-CEA molecules) interactions. CEA has been shown to be a member of a family of 8-10 cross-reactive iso-antigens which can be detected in a variety of normal and tumor tissue types.

CEA immunostaining may assist in identifying the histogenesis of epithelial tumors in several morphologic categories. However, differential reactivity's of the CEA monoclonal and polyclonal antibody panel have been reported.

CEA is a clinically important marker for adenocarcinomas, notably in the gastrointestinal tract, including colonic and pancreatic carcinomas. In addition, it may be important as a marker for disease recurrence in patients undergoing curative intent resection of a colorectal cancer primary.

Species Reactivity:	Human. Others not tested.
Positive Control:	Colon Adenocarcinoma.
Cellular Localization:	Cytoplasm and Cell Surface.
Titer/Working Dilution:	Immunohistochemistry: 1:100-200
Microbiological State:	This product is not sterile.

Storage: 2° C  8° C

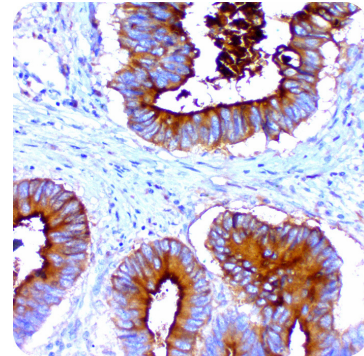


ScyTek Laboratories, Inc.
205 South 600 West
Logan, UT 84321
U.S.A.

CE

 EmergoEurope (31)(0) 70 345-8570
Molsnstraat 15
2513 BH 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.



Human colon adenocarcinoma metastasized to lung, stained with Ultra-Tek HRP and DAB Chromogen.

Ordering Information and Current Pricing at www.scytek.com


Procedure:


1. **Tissue Section Pretreatment (Highly Recommended):** Staining of formalin fixed, paraffin embedded tissue sections is 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 “UltraTek HRP Anti-Polyvalent Lab Pack” (ScyTek catalog# UHP125, 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. Shively, J. E. CRC Crit. Rev. Oncol, Hematol. 1985 2,355-399.
2. Zoubir F, Zeromski J, Sikora J, Szmaja J, Hedin A, Hammarström S. Tumor specificity of monoclonal antibodies to carcinoembryonic antigen. Tumor Biol 1990;11:5-19.
3. Larsson Å, Ghosh R, Hammarström S. Relative positions of some epitopes on carcinoembryonic antigen. Cancer Immunol. Immunother 1989;30:92-6.
4. Hammarström S, Shively JE, Paxton RJ, Beatty BG, Larsson Å, Ghosh R, et al. Antigenic sites in carcinoembryonic antigen. Cancer Res 1989;49:4852-8.
5. Nap M, Hammarström M-L, Börner O, Hammarström S, Wagener C, Handt S, et al. Specificity and affinity of monoclonal antibodies against carcinoembryonic antigen. Cancer Res 1992; 52: 2329-39.
6. Duffy MJ. Carcinoembryonic Antigen as a Marker for Colorectal Cancer: Is It Clinically Useful? Clin.Chem 2001;47: 4624-630.

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
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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