



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

SZABO-SCANDIC HandelsgmbH

Quellenstraße 110, A-1100 Wien

T. +43(0)1 489 3961-0

F. +43(0)1 489 3961-7

mail@szabo-scandic.com

www.szabo-scandic.com

[linkedin.com/company/szaboscandic](https://www.linkedin.com/company/szaboscandic) 

Monoclonal Mouse Antibody to CD5 (Mantle Cell Lymphoma Marker)

Description:

Immunogen:	Recombinant protein corresponding to the external domain of the CD5 molecule.
Clone:	4C7
Isotype:	IgG ₁ .
Format:	This antibody has been pretitered and quality controlled to work on formalin-fixed paraffin-embedded tissue sections. This antibody is not suitable for frozen sections. No further titration is required.
Specificity:	This antibody recognizes a 67kD transmembrane protein, which is identified as CD5. The CD5 antigen is found on 95% of thymocytes and 72% of peripheral blood lymphocytes. In lymph nodes, the main reactivity is observed in T cells. CD5 is expressed by many T cell leukemia, lymphomas, and activated T cells. Occasionally, CD5 antigen is also expressed on a subset of B cells. Mantle cell lymphomas (same as diffuse centrocytic lymphomas) are CD5+ while the follicle center cell lymphoma are CD5-.

Uses/Limitations: Immunohistochemistry
For Research Use Only.
Do not use past expiration date.

Storage: 2-8° Centigrade.

Procedure: We suggest an incubation period of 60 minutes at room temperature. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user. Antigen unmasking is required prior to staining.

Precautions: Contains Sodium Azide as a preservative.
Do not pipette by mouth.

References: i) Kerezowski K; Grimes MM; Gal A; Kornstein MJ. American J. of Clin. Pathology, 1996 Oct, 106(4):483-6
ii) Ferry JA; Yang WI; Zukerberg LR. American J. of Clin. Pathology, 1996 Jan, 105(1):31-7.