



Category: Monoclonal Antibodies **Cat. #** 1107NF-V3253 **Product Name:** Gastrointestinal Tumor Associated Marker 2 (GTAM 2)

Description:

Monoclonal Mouse Anti-Human Gastrointestinal Tumor Associated Marker 2 (GTAM2)

Immunogen:

Gastrointestinal tumor membrane fraction.

Application:

Immunohistochemistry 1:50-100. Immunoblotting 1:200-1:500.

Species Reactivity:

Human. Others not tested.

Recommended Positive Control:

Gastric, Colon, pancreatic and Breast Carcinomas

Presentation:

20 mM tris-borate, 150 mM Sodium Chloride, dialyzed media RPMI 1640/D-MEM containing fetal bovine serum, BMC-6 carrier polysaccharides, carrier protein, and 0.05% Sodium Azide, pH 7.5.

Aliquoting Instructions:

Do not dilute the entire reconstituted solution at once. Withdraw aliquots as needed with a micropipette and keep concentrated stock at 4°C. Dilute according to the particular application being used. In general, the 0.05M borate pH 8.0 containing 0.15M sodium chloride, 0.02% sodium azide, is a good diluent to use with most antibodies. When diluting for immunohistochemistry, ELISA or western blot, make the dilution in Antibody Diluting Buffer. Avoid diluting the entire contents of the vial at once since the diluted solution may have reduced stability.

Staining Procedure:

This antibody can be used on formalin-fixed, paraffin-embedded tissue sections. Prolonged fixation in buffered formalin can destroy the epitope. The antibody may be used at a dilution of 1:50-1:100 in IHC. It is recommended that this product be used on frozen tissue sections or specimens. The optimal conditions should be determined by the individual laboratory.

Specificity:

These Gastrointestinal Tumor Associated Markers are new monoclonal antibodies developed in our Monoclonal Labs against tumor cell lines

Storage:

Store at 2~8o C for short term, freeze under -20oC for long term storage.

Size: 0.5 ml

Clone: B43.2

Isotype: IgG1, k

Host: Mouse

Form: Concentrated

Concentration: .3 mg/ml

Units On Hand: YES

References:

1. Hilkens, et al., Int J Cancer, 34: 197, 1984.
2. Siddiki, et al., Int. J Cancer, 54: 467-474, 1993.
3. Yonezawa, et al., Clin. Pathology, 98: 167-174, 1991.
4. Ho, et al., Cancer Res., 51: 372-380, 1991.
5. Osako, et al., Cancer, 71: 2191-2199, 1993.
6. Byrd, et al., Cancer Res., 51: 1026-1033, 1991.

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