

CD 56 (Clone MRQ-42)

Specification:

Anti-CD56 (MRQ-42) may be used as the primary antibody for immunohistochemical staining of formalin-fixed, paraffin-embedded tissue sections. In general, immunohistochemical staining in conjunction with a streptavidin-biotin detection system allows the visualization of antigens via the sequential application of a specific antibody (primary antibody) to the antigen, a secondary antibody (link antibody) to the primary antibody, an enzyme complex and a chromogenic substrate with interposed washing steps. Alternatively, a biotin-free polymer detection system may be used. The enzymatic activation of the chromogen results in a visible reaction product at the antigen site. The specimen may then be counterstained and a coverslip applied. Results are interpreted using a light microscope and aid in the differential diagnosis of pathophysiological processes, which may or may not be associated with a particular antigen.

Availability:

Catalog No.	Contents	Volume
ILM 1563 C01	CD 56	0,1 ml

Intended use: For research use only

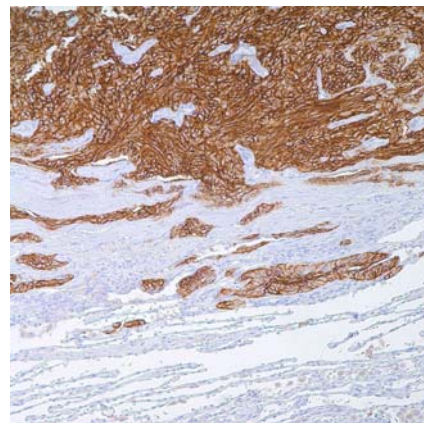
Clone: MRQ-42

Species of origin: Rabbit

Isotype: IgG1

Controle Tissue: Neuroblastoma, small cell carcinoma.

Staining: Cell membrane.



Presentation:

concentrated formats of this antibody are diluted in Phosphate Buffer, pH 7.3-7.7, with 1% BSA and <0.1% Sodium Azide.

Application and suggested dilutions:

Pretreatment: Heat induced epitope retrieval in 10 mM citrate buffer , pH6.0, or in 50 mM Tris buffer pH9.5, for 20 minutes is required for IHC staining on formalin-fixed, paraffin embedded tissue sections.

- Immunohistochemical staining of formaline-fixed, paraffin embedded tissue section (dilution up to 1:50-1:100)

The optimal dilution for a specific application should be determined by the investigator.

Note: Dilute the antibody in 10% normal goat serum followed by a goat anti-rabbit secondary antibody based detection is recommended

Storage & Stability: Store at 2-8 °C. Do not use after expiration date printed on the vial.

References:

- 1) Gerardy-Schahn, R et al. Hot spots of antigenicity in the neural cell adhesion molecule NCAM. International J of Cancer Sup 1994; 8:38- 42.
- 2) Michalides, R et al. NCAM and lung cancer. International J of Cancer Sup 1994; 8:34-37.
- 3) Kibbelaar, RE et al. Neural cell adhesion molecule expression, neuroendocrine differentiation and prognosis in lung carcinoma. Euro J of Cancer 1991; 27(4):431-435.
- 4) Langdon, SP et al. Expression of neural cell adhesion molecule-related sialoglycoprotein in small cell lung cancer and neuroblastoma cell lines H69 and CHP-212. Cancer Research 1988; 48(21):6161-6165.
- 5) Sumi, M et al. Natural killer cell lymphoma in the duodenum. Leuk Lymphoma. 2003 Jan; 44(1): 201-4.

- 6) Trejo, O et al. Atypical cells in human cutaneous re-excision scars for melanoma express p75NGFR, C56/N-CAM and GAP-43: evidence of early Schwann cell differentiation. *J Cutan Pathol.* 2002 Aug; 29(7): 397-406.
- 7) Ely, SA et al. Expression of CD56/neural cell adhesion molecule correlates with the presence of lytic bone lesions in multiple myeloma and distinguishes myeloma from monoclonal gammopathy of undetermined significance and lymphomas with plasmacytoid differentiation. *Am J Pathol.* 2002 Apr; 160(4): 1293-9.
- 8) Tao, J et al. Aggressive Epstein-Barr virus-associated, CD8+, CD30+, CD56+, surface CD3-, natural killer (NK)-like cytotoxic T-cell lymphoma. *Am J Surg Pathol.* 2002 Jan; 26(1):111-8.
- 9) Kaufmann, O et al. Utility of 123C3 monoclonal antibody against CD56 (NCAM) for the diagnosis of small cell carcinomas on paraffin sections. *Hum Pathol.* 1997 Dec; 28(12): 1373-8.