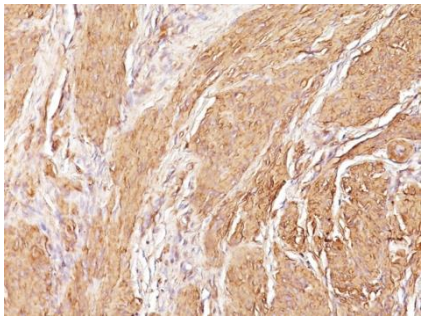
Actine (Smooth Muscle) clone HHF35

Instructions For Use

Specification:
Actin is a major component of the cytoskeleton. This antibody recognizes actin of skeletal, cardiac, and smooth muscle cells. It is not reactive with other mesenchymal cells except for myoepithelium. Actin can be resolved on the basis of its isoelectric points into three distinctive components: alpha, beta, and gamma in order of increasing isoelectric point. Anti-Muscle-Specific Actin recognizes alpha and gamma isotypes of all muscle groups. Non-muscle cells such as vascular endothelial cells and connective tissues are non-reactive. Also, neoplastic cells of non-muscle-derived tissue such as carcinomas, melanomas, and ly mphomas are negative. This antibody is useful in the identification of rhabdoid cellular elements.

Availability:

Catalog No.	Contents	Volume
ILM1463-C01	Actine (Smooth Muscle)	0,1 ml concentrate
ILM1463-C05	Actine (Smooth Muscle)	0,5 ml concentrate
ILM1463-C1	Actine (Smooth Muscle)	1,0 ml concentrate



Intended use: For Research Use Only

Reactivity: Human, Rabbit, and Rat. Others not known.

Clone: HHF35

Species of origin: Mouse

Isotype: IgG1/K

Control Tissue: Skeletal muscle, sarcoma

Staining: Cytoplasmic

Immunogen: SDS extract of human myocardium

Presentation: Bioreactor Concentrate with 0.05% 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 cryostat tissue sections (dilution 1:400 - 1:800)
- Immunohistochemical staining of formalin-fixed, paraffin embedded tissue section (dilution 1:400 - 1:800)

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

Note: Dilution of the antibody in 10% normal goat serum followed by a goat anti-mouse 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) Gown, et al., A. J. P. 1986;125:191
2) Schmidt,R., et al., A. J. P 1988;131:199
3) Azumi, N, et al., Modern Pathology 1988, 1:469-474
4) Rangdaeng, L., et al., Am J Clin Pathology 1991;96:32-45
5) Tsukada, T., et al., Am J Pathology 1987; 127:389-402