

Androgen Receptor clone EP120

Rabbit Monoclonal Antibody

Instructions For Use

Specification:

Androgen Receptor belongs to the super-family of nuclear hormone receptors that employ complex molecular mechanisms to guide the development and physiological functions of their target tissues. Androgen Receptor function plays a pivotal role in normal prostate development and physiology as well as prostrate tumorigenesis. Androgen stimulates results in cell proliferation in both developing prostate and the malignant prostrate. Androgen Receptor is a phosphoprotein and also regulates mitogen-activated protein kinase (MAP Kinase). The inhibition f the MEK1/2 pathway correlates directly with a change in phosphorylation state of the androgen receptor. In prostate cancer, Androgen Receptor has been proposed as a marker of the hormone responsiveness.

Availability:

Catalog No.	Contents	Volume
ILM1201-C01	Androgen Receptor clone EP120	0,1 ml concentrate
ILM1201-C05	Androgen Receptor clone EP120	0,5 ml concentrate
ILM1201-C1	Androgen Receptor clone EP120	1,0 ml concentrate

Intended use: For Research Use Only

Reactivity: Human, others not known

Clone: EP120

Species of origin: Rabbit

Isotype: IgG

Control tissue: Prostate or breast carcinoma

Staining: Nuclear

Immunogen: Synthetic peptide derived from near N-terminus of human Androgen Receptor.

Presentation: Purified antibody is diluted in Tris-HCL buffer containing stabilizing protein and <0,1% Sodium Azide.

Application and suggested dilutions:

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

• 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: Dilution of 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) Collins LC, et al. Mod Pathol. 2011 ; 24 :924-31.
- 2) Rahmani AH, et al. Int. J. Mol EpidermioGenet. 2013;4:150-55
- 3) Leach, DA, et al. Cancers (Basal). 2017; 9:pii: E10