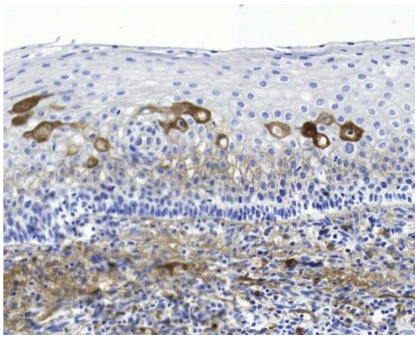
Kappa
clone L1C1

Instructions for Use

Specification:
This antibody is specific to kappa light chain of immunoglobulin and shows no cross-reaction with lambda light chain or any of the five heavy chains. In mammals, the two light chains in an antibody are always identical, with only one type of light chain, kappa or lambda. The ratio of Kappa to Lambda is 70:30. However, with the occurrence of multiple myeloma or other B-cell malignancies this ratio is disturbed. Antibody to the kappa light chain is reportedly useful in the identification of leukemias, plasmacytomas, and certain non-Hodgkin's lymphomas. Demonstration of clonality in lymphoid infiltrates indicates that the infiltrate is malignant.

Availability:

Catalog No.	Contents	Volume
ILM5103-C01	Kappa	0,1 ml concentrate
ILM5103-C05	Kappa	0,5 ml concentrate
ILM5103-C1	Kappa	1,0 ml concentrate



Intended use: For Research Use Only

Reactivity: Human. Does not react with Rat. Others not known.

Clone: L1C1

Species of origin: Mouse

Isotype: IgG_1/K

Control Tissue: Lymph node, tonsil, spleen

Staining: Cytoplasmic, membranous and secreted

Immunogen: Human B-Lymphoma Cells

Presentation: Bioreactor Concentrate with 0.05% Azide

Application and suggested dilutions:
Pre-treatment: Protease K treatment for 10 minutes at 37°C is required for IHC staining on formalin-fixed, paraffin embedded or cryostat tissue sections.

- Immunohistochemical staining of cryostat tissue sections (dilution up to 1:100-1:200)
- Immunohistochemical staining of formalin-fixed, paraffin embedded tissue section (dilution up to 1:100-1:200)

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) Michie, SA et al. A J Clin Path 1987
2) Hertel, BF, et al. Lab Invest 1977;36:12
3) Taylor, CL Arch Pathol Lab Med 1978;12:113-121
4) Ashton-Key M et al. Histopathology. 1996 Dec;29(6):525-31
5) Kurtin PJ et al. Am J Clin Pathol. 1999 Sep;112 (3):319-29
6) Abbondanzo SL et al. Ann Diagn Pathol. 1999 Oct;3(5):318-27
7) Lee LA et al. Am J Otolaryngol. 2002 Sep-Oct;23(5):316-20
8) Mendes S, Dreno B. Acta Derm Venereol. 2003;83(3):167-70
9) Schmid U et al. Am J Surg Pathol. 1995 Jan;19(1):12-20