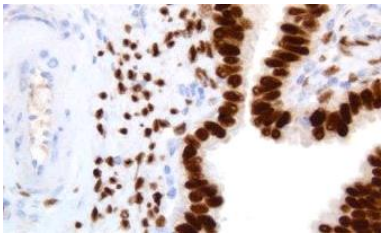
WT1
clone WT49

Instructions for Use

Specification:
The WT1 gene, identified as a tumor suppressor gene located at 11p13, is involved in the development of Wilms' tumor. The WT1 gene encodes a transcription factor with four DNA-binding zinc fingers at the C terminus. In vitro studies showed that WT1 suppresses or activates a number of genes, including those for PDGF-A chain, EGF receptor, CSF-1, IGF-II, IGF-I receptor, RAR-α, c-myc, bcl-2 and WT1 itself. Immunohistochemically, WT1 is detected in the nucleus of tumor cells of Wilms' tumor and mesothelioma; therefore, WT1 has traditionally been used as a diagnostic marker for these tumors. Recent reports showed that other types of cancers, such as ovarian serous cancers and rhabdomyosarcomas also express WT1.

Availability:

Catalog No.	Contents	Volume
ILM3951-C01	WT1 clone WT49	0,1 ml concentrate
ILM3951-C05	WT1 clone WT49	0,5 ml concentrate
ILM3951-C1	WT1 clone WT49	1,0 ml concentrate



Reactivity: Human

Clone: WT49

Species of origin: Mouse

Isotype: IgG_1/k

Control Tissue: Ovarian carcinoma (non-mucinous carcinoma), malignant mesothelioma, testes, kidney

Staining: Nuclear

Presentation: Tissue culture supernatant containing 15mM sodium azide

Application and suggested dilutions:
Pre-treatment: Heat induced epitope retrieval 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 formalin-fixed, paraffin embedded tissue section (dilution up to 1:800 / 1:1600)

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) Nakatsuka A et al, Modern pathology, 2006, 19(6): 804-814
2) Acs G et al, International Journal of Gynecologic Pathology, 2004, 23(2): 110-118
3) Goldstein N S et al, American journal of clinical pathology, 2002, 117(4): 541-545
4) Grubb G R et al, Laboratory investigation; a journal of technical methods and pathology, 1994, 71(4): 472-479
5) Coosemans A, et al, Gynecololgic oncology, 2008, 111(3): 502-508