

CEA clone Col-1

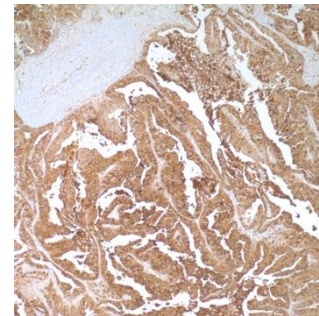
Instructions for Use

Specification:

CEA (carcinoembryonic antigen, CD66) consists of a heterogeneous family of related oncofetal 200 kD glycoproteins that is secreted into the glycocalyx surface of gastrointestinal cells. The staining of CEA is considered important because: 1. In breast carcinomas, CEA staining correlated well with clinical outcome, independent of histologic type of tumors (with or without metastases). 2. A CEA-staining primary tumor usually shows CEA elevations when there is disease recurrence or progression. 3. Before proceeding with extensive or repeated blood monitoring of CEA as an index of biological activity of diseases, it is important to find out if the substance is present in the original malignant lesion, preferably at the time of biopsy. 4. Excellent correlation between CEA staining of primary and metastatic tumors (including micrometastases to the regional lymph nodes) has been observed with respect to cervical, colonic and ovarian carcinomas. Usually CEA is demonstrated as a linear labeling of the apical poles of cells lining the glandular lumen and, occasionally, as weak staining near the apex of colonic epithelial cells. More uniform cytoplasmic staining is a feature of more aggressive tumors. CEA, however, should not be used as a marker of differentiation because many colon and lung tumors actually show increased staining with differentiation. Pancreatic carcinomas, testicular tumor, gall bladder neoplasms and granular cell myoblastomas stain positive, whereas malignant tumors of brain, prostate, skin, lymphoreticular tissues, hepatocellular carcinomas, esophageal squamous cell carcinomas, and mesothelioma fail to stain for CEA .

Availability:

Catalog No.	Contents	Volume
ILM83111-C01	CEA	0,1 ml concentrate
ILM83111-C05	CEA	0,5 ml concentrate
ILM83111-C1	CEA	1,0 ml concentrate



Intended use: For Research Use Only

Reactivity: Human

Clone: Col-1

Species of origin: Mouse

Isotype: IgG2a, κ

Control Tissue: Colon carcinoma

Staining: Cytoplasmic

Immunogen: Human colon carcinoma extract

Presentation: Bioreactor Concentrate with 0.05% Azide

Application and suggested dilutions:

Pre-treatment: 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.

- Immunohistochemical staining of formalin-fixed, paraffin embedded tissue section (dilution 1:200-1:400)
- Western Blotting

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.

Reference:

- 1) Muraro R, *et. al.* Cancer Research, 1985, 45:5769-80.
- 2) Siler K, *et. al.* Biotechnology Therapeutics, 1993, 4(3-4):163-81.
- 3) Robbins PF, *et. al.* International Journal of Cancer, 1993, 53(6):892-7.
- 4) Shi ZR, *et. al.* Journal of Histochemistry and Cytochemistry, 1994, 42(9):1215-9.