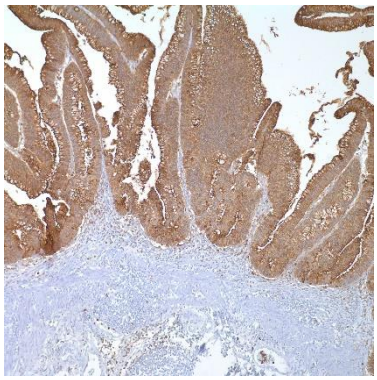
CEA

Instructions for Use

Specification:
Anti-CEA specifies a group of proteins in the Carcinoembryonic Antigen (CEA) family of proteins which are present in the epithelia of various types and tumors (both benign and malignant) derived from such epithelia. Such tissues are represented by the epithelia of colon, bronchus, alveoli, breast, pancreas, biliary tract, superficial layer and parietal layers of the stomach. Predominately biliary canaliculi are labeled in the liver and this factor is useful in the diagnosis of hepatocellular carcinoma. Anti-CEA has been quite useful in differentiating adenocarcinoma of the lung vs. mesothelioma.

Availability:

Catalog No.	Contents	Volume
ILP83120-C01	CEA	0,1 ml concentrate
ILP83120-C05	CEA	0,5 ml concentrate
ILP83120-C1	CEA	1,0 ml concentrate



Intended use: For Research Use Only

Reactivity: Human

Clone: -

Species of origin: Rabbit

Isotype: -

Control Tissue: Colon, lung, stomach, breast, associated adenocarcinomas

Staining: Cytoplasmic

Presentation: Anti-CEA is a rabbit polyclonal antibody, diluted in tris buffered saline, pH 7.3-7.7, with protein base, and preserved with sodium azide

Application and suggested dilutions:
Pre-treatment: 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 1:200-1:500)
- Immunohistochemical staining of formalin-fixed, paraffin embedded tissue section (dilution 1:200 - 1:500)

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) Sheahan K, et al., Am J Clin Pathol 1990;94:157-64.
2) Morrison C, et al., Mod Pathol 2002;15:1279-87.
3) Alkushi A, et al., Virchows Arch 2003;442:271-7
4) Shield PW, et al., Am J Clin Pathol 1996;105: 157-62
5) Sanders DSA, et al., J Pathol 1994;172: 343-8