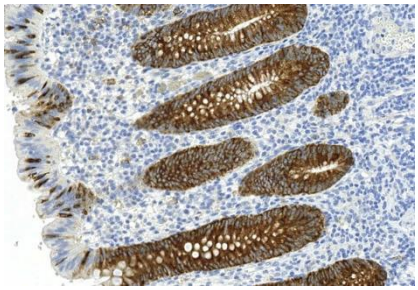
EMA
clone E29

Instructions for Use

Specification:
Anti-EMA antibody is a useful marker for staining many carcinomas. It stains normal and neoplastic cells from various tissues, including mammary epithelium, sweat glands and squamous epithelium. Hepatocellular carcinoma, adrenal carcinoma and embryonal carcinomas are consistently EMA negative, so keratin positivity with negative EMA favors one of these tumors. EMA is frequently positive in meningioma, which can be useful when distinguishing it from other intracranial neoplasms, e.g. Schwannomas. The absence of EMA can also be of value since negative EMA staining is characteristic of some tumors including adrenal carcinoma, seminomas, paraganglioma and hepatoma.

Availability:

Catalog No.	Contents	Volume
ILM1233-C01	EMA	0,1 ml concentrate
ILM1233-C05	EMA	0,5 ml concentrate
ILM1233-C1	EMA	1,0 ml concentrate



Intended use: For Research Use Only

Reactivity: Human

Clone: E29

Species of origin: Mouse

Isotype: IgG_{2a}/K

Control Tissue: Breast, skin, colon carcinoma

Staining: Cytoplasmic, membranous

Immunogen: Delipidated extract of human milk fat globule membranes

Presentation: Bioreactor Concentrate with 0.05% Azide

Application and suggested dilutions:
Pretreatment: 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 up to 1:200-1:400)
- Immunohistochemical staining of formalin-fixed, paraffin embedded tissue section (dilution up to 1:200-1:400)

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) Pincus, GS, et al. Human Pathol 1985;16:929-940
2) Pincus, GS, et al. Am J Clin Pathol 1986;77:269-277
3) Dearnaly, DP, et al. Br J Cancer 1981;44:85-90
4) Redding, WH, et al. Lancet 1983;1271-1274
5) Attanoos RL et al. Histopathology. 2003 Sep;43(3):231-8
6) Beer TW et al. Histopathology. 2000 Sep;37(3):218-23
7) Lee JS et al. Acta Cytol. 1996 Jul-Aug;40(4):631-6
8) Fraga M et al. Am J Clin Pathol. 1995 jan;103(1):82-9