

Eff. Date: 2 June 2023

Version: 2.1 IFU: PAX8 ILM7849

PAX8 clone PAX8/1492

Instructions for Use

Specification:

PAX8 antibody recognizes a protein of 62kDa, identified as PAX8. It is a member of the paired box (PAX) family of transcription factors. This nuclear protein is involved in thyroid follicular cell development and expression of thyroid-specific genes. Mutations in this gene have been associated with thyroid dysgenesis, thyroid follicular carcinomas, and atypical thyroid adenomas. PAX8 is expressed in the thyroid (and associated carcinomas), non-ciliated mucosal cells of the fallopian tubes, and simple ovarian inclusion cysts, but normal ovarian surface epithelial cells. PAX8 is expressed in a high percentage of ovarian serous, endometrioid, and clear cell carcinomas, but only rarely in primary ovarian mucinous adenocarcinomas. PAX8 antibody may be used as an additional immunohistochemical marker for renal epithelial tumors.

Availability:

Catalog No.ContentsVolumeILM7849-C01PAX80,1 ml concentrateILM7849-C05PAX80,5 ml concentrateILM7849-C1PAX81,0 ml concentrate

Intended use: For Research Use Only

Reactivity: Human

Clone: PAX8/1492

Species of origin: Mouse

Isotype: IgG2a

Control Tissue: Renal Cell Carcinoma (RCC)

Staining: Nuclear

Immunogen: Recombinant human PAX8 protein

Presentation: Purified antibody from bioreactor concentrate

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 up to 1:100-1:200)
- Western Blot

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:

Tong GX, Yu WM, beaubier, NT, Weeden EM, Hamele-Bena D, Munsukhami MM, O'Toole KM. Mod Pathol. 2009Sep;22(9) 1218-27





