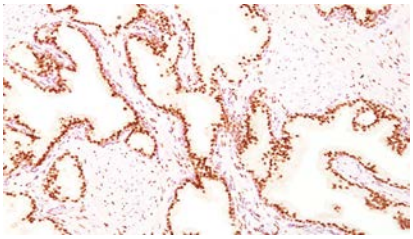
Androgen Receptor (Marker of Androgen Dependence); Clone AR441 (Concentrate)

Description:

Species:	Mouse
Immunogen:	A synthetic peptide, aa 299-315, (STEDTAEYSPFKGGYTK) of human AR
Clone:	AR441
Isotype:	IgG1, kappa
Entrez Gene ID:	367 (Human)
Hu Chromosome Loc.:	Xq12
Synonyms:	AIS; Dihydrotestosterone receptor (DHTR); HUMARA; HYSP1; Kennedy disease (KD); Nuclear receptor subfamily 3 group C member 4 (NR3C4); SMAX1; Spinal and bulbar muscular atrophy (SBMA); Testicular Feminization (TFM)
Mol. Weight of Antigen:	110kDa
Format:	200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 1mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	Recognizes a protein of 110kDa, which is identified as androgen receptor (AR). It reacts with full length, and the newly described A form of the receptor. It does not cross react with estrogen, progesterone, or glucocorticoid receptors.
Background:	The expression of AR is reportedly inversely correlated with histologic grade i.e. well differentiated prostate tumors show higher expression than the poorly differentiated tumors. In prostate cancer AR has been proposed as a marker of hormone-responsiveness and thus it may be useful in identifying patients likely to benefit from anti-androgen therapy. Anti-androgen receptor has been useful clinically in differentiating morpheaform basal cell carcinoma (mBCC) from desmoplastic trichoepithelioma (DTE) in the skin. This MAb is superb for staining of formalin/paraffin tissues.
Species Reactivity:	Human. Does not react with mouse. Others-not known.
Positive Control:	LNCap cells or Prostate carcinoma.
Cellular Localization:	Nuclear
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 µg/ml Flow Cytometry: 0.5-1 µg/million cells Immunofluorescence: 0.5-1 µg/ml Western Blotting: 0.5-1 µg/ml Immunoprecipitation: 0.5-1 µg/500µg protein lysate
Microbiological State:	This product is not sterile.

Uses/Limitations:

Not to be taken internally.
For Research Use Only.
This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
Do not use if reagent becomes cloudy.
Do not use past expiration date.
Non-Sterile.



Formalin-paraffin human prostate carcinoma stained with Androgen Receptor; Clone AR441.

Procedure:

We suggest an incubation period of 30-60 minutes at room temperature or overnight at 2-8 C. Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with citrate-based antigen retrieval. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user. For maximum staining intensity, we recommend using AviBond Ultra for detection and DAB Clarity Ultra products for visualization.

Precautions:

Contains Sodium Azide as a preservative (0.09% w/v).
Do not pipette by mouth.
Avoid contact of reagents and specimens with skin and mucous membranes.
Avoid microbial contamination of reagents or increased nonspecific staining may occur.
This product contains no hazardous material at a reportable concentration according to U.S. 29 CFR 1910.1200, OSHA Hazardous Communication Standard and EC Directive 91/155/EC.

References:

1. Jänne OA, et al. Androgen receptor and mechanism of androgen action. Ann Med 1993; 25:83

Warranty:

No products or “Instructions For Use (IFU)” are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our IFU or website. Our warranty is limited to the actual price paid for the product.

Teomics is not liable for any property damage, personal injury, time or effort or economic loss caused by our products. Immunohistochemistry is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue specimen may cause variations in results. Endogenous peroxidase activity or pseudoperoxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used.