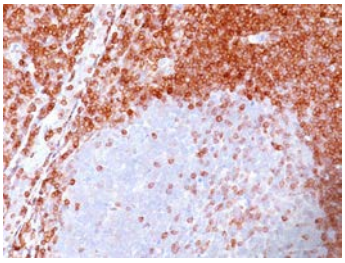
Bcl-2 (Apoptosis and Follicular Lymphoma Marker): Clone 100/D5 (Concentrate)

Description:

Species:	Mouse
Immunogen:	A synthetic peptide, aa41-54 (GAAPAPGIFSSQPG-Cys) of human Bcl-2 protein.
Clone:	100/D5
Isotype:	IgG1, kappa
Entrez Gene ID:	596 (Human)
Hu Chromosome Loc.:	18q21.33
Synonyms:	Apoptosis regulator Bcl-2, B-cell CLL/lymphoma-2
Mol. Weight of Antigen:	25-26kDa
Format:	200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	This antibody recognizes a protein of 25-26kDa, identified as the Bcl-2 alpha oncoprotein. It shows no cross-reaction with Bcl-x or Bax protein.
Background:	Expression of Bcl-2 alpha oncoprotein inhibits programmed cell death (apoptosis). In most follicular lymphomas, neoplastic germinal centers express high levels of Bcl-2 alpha protein, whereas the normal or hyperplastic germinal centers are negative. Consequently, this antibody is valuable when distinguishing between reactive and neoplastic follicular proliferation in lymph node biopsies. It may also be used in distinguishing between those follicular lymphomas that express Bcl-2 protein and the small number in which the neoplastic cells are Bcl-2 negative.
Species Reactivity:	Human. Does not react with Mouse and Rat. Others not known.
Positive Control:	Jurkat, K562, HL-60, or HeLa Cells. Tonsil or follicular lymphomas.
Cellular Localization:	Outer mitochondrial membranes and endoplasmic reticulum as well as nuclear membranes.
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 µg/ml Flow Cytometry: 0.5-1 µg/million cells Immunofluorescence: 1-2 µg/ml Western Blotting: 0.5-1 µg/ml Immunoprecipitation: 1-2 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 non-Hodgkin's lymphoma stained with Bcl-2 MAb (100/D5). Note nuclear membrane and cytoplasmic staining.

Procedure: Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with EDTA-based antigen retrieval, pH 8.0. We suggest an antibody incubation period of 30-60 minutes at room temperature or overnight at 2-8 C. 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.

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.

References:

1. Pezzella F et. al.. American Journal of Pathology, 1990, 137(2):225-32.