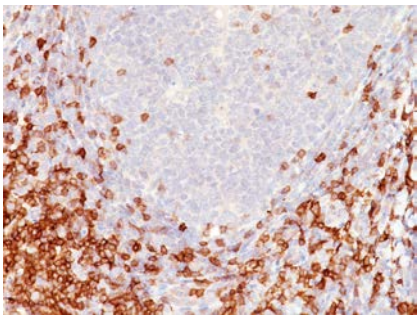
CD5 (Mantle Cell Lymphoma Marker): Clone C5/473 & CD5/54/F6 (Concentrate)

Description:

Species:	Mouse
Immunogen:	Human CD5 recombinant protein (C5/473); A synthetic peptide from the intracellular region of human CD5 (CD5/54/F6)
Clone:	C5/473 & CD5/54/F6
Isotype:	IgG1, kappa (C5/473) & IgG1, kappa (CD5/54/F6)
Entrez Gene ID:	921 (Human)
Hu Chromosome Loc.:	11q12.2
Synonyms:	CD5 antigen (p56 62), LEU1, Ly12, LyA, Lymphocyte antigen T1/Leu-1, Lymphocyte glycoprotein T1/Leu1, T-cell surface glycoprotein CD5
Mol. Weight of Antigen:	67kDa
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:	Recognizes a 67kDa transmembrane protein, which is identified as CD5. Anti-CD5 does not react with granulocytes or monocytes.
Background:	The CD5 antigen is found on 95% of thymocytes and 72% of peripheral blood lymphocytes. In lymph nodes, the main reactivity is observed in T-cell areas. Anti-CD5 is a pan T-cell marker that also reacts with a range of neoplastic B-cells, e.g. chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), mantle cell lymphoma, and a subset (~10%) of diffuse large B-cell lymphoma. CD5 aberrant expression is useful in making a diagnosis of mature T-cell neoplasms. Anti-CD5 detection is diagnostic in CLL/SLL within a panel of other B-cell markers, especially one that includes anti-CD23. Anti-CD5 is also very useful in differentiating among mature small lymphoid cell malignancies. In addition, anti-CD5 can be used in distinguishing thymic carcinoma (+) from thymoma (-).
Species Reactivity:	Human. Others not known.
Positive Control:	293T, Ramos, or MOLT-4 Cells. Tonsil.
Cellular Localization:	Cell surface
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 tonsil stained with CD5; Clone C5/473 & CD5/54/F6.

Procedure: Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with sodium citrate-based antigen retrieval. 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. Ferry JA et. al. American Journal of Clinical Pathology, 1996, 105(1):31-7.
2. Gagneten D et. al. Diagnostic Cytopathology, 1996, 14(1):32-7.

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