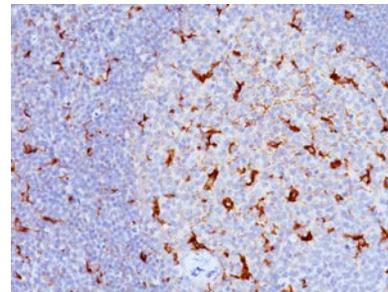


CD68 (Macrophage Marker): Clone KP1 & C68/684 (Concentrate)

Description:

Species:	Mouse
Immunogen:	Subcellular fraction of human alveolar macrophages (KP1); Subcellular fraction of human alveolar macrophages (C68/684)
Clone:	KP1 & C68/684
Isotype:	IgG1, kappa (KP1); IgG1, kappa (C68/684)
Entrez Gene ID:	968 (Human); 12514 (Mouse); 287435 (Rat)
Hu Chromosome Loc.:	17p13.1
Synonyms:	GP110, LAMP4, Microsialin, Macrosialin, SCARD1, Scavenger Receptor Class D Member-1
Mol. Weight of Antigen:	110kDa
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 glycoprotein of 110kDa, which is identified as CD68.
Background:	This antibody is important for identifying macrophages in tissue sections. It stains macrophages in a wide variety of human tissues, including Kupffer cells and macrophages in the red pulp of the spleen, in lamina propria of the gut, in lung alveoli, and in bone marrow. It reacts with myeloid precursors and peripheral blood granulocytes. It also reacts with plasmacytoid T-cells, which are supposed to be of monocyte/macrophage origin. It shows strong granular cytoplasmic staining of chronic and acute myeloid leukemia and also reacts with rare cases of true histiocytic neoplasia. Lymphomas are negative or show few granules.
Species Reactivity:	Human, Monkey, Mouse, Rat and Cat. Others not known.
Positive Control:	Tonsil, Lymph Node or Spleen.
Cellular Localization:	Cytoplasmic
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-fixed, paraffin-embedded human tonsil (10X) stained with CD68; Clone KP1 & C68/684.

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. Pulford KA et. al. Journal of Clinical Pathology, 1989, 42(4):414-21.
2. Warnke RA et. al. Am J of Pathol, 1989, 135:1089-95.