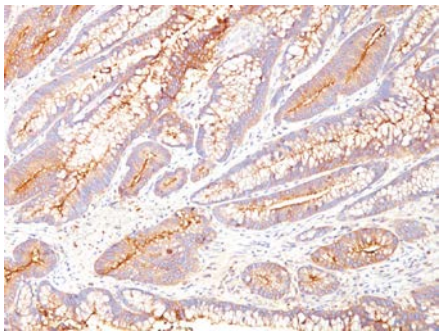
Carcinoembryonic Antigen (CEA) / CD66: Clone C66/261(Concentrate)

Description:

Species:	Mouse
Immunogen:	Human recombinant CEA protein
Clone:	C66/261
Isotype:	IgG1, kappa
Entrez Gene ID:	1048 & 634 (Human)
Hu Chromosome Loc.:	19q13.1-19q13.2
Synonyms:	Carcinoembryonic Antigen-related Cell Adhesion Molecule 5, CEACAM5, CD66, Biliary Glycoprotein (BGP-1)
Mol. Weight of Antigen:	80-200kDa
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 proteins of 80-200kDa, identified as different members of the CEA family. This antibody does not react with nonspecific cross-reacting antigen (NCA) and with human polymorphonuclear leucocytes. It shows no reaction with a variety of normal tissues and is suitable for staining of formalin/paraffin tissues.
Background:	CEA is synthesized during development in the fetal gut and is re-expressed in increased amounts in intestinal carcinomas and several other tumors. CEA is not found in benign glands, stroma, or malignant prostatic cells. Antibody to CEA is useful in detecting early foci of gastric carcinoma and in distinguishing pulmonary adenocarcinomas (60-70% are CEA+) from pleural mesotheliomas (rarely or weakly CEA+). Anti-CEA positivity is seen in adenocarcinomas from the lung, colon, stomach, esophagus, pancreas, gallbadder, urachus, salivary gland, ovary, and endocervix.
Species Reactivity:	Human. Others not known.
Positive Control:	MCF7 or 293T cells. Colon carcinoma.
Cellular Localization:	Cytoplasmic and luminal 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: 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 human colon stained with CEA; Clone C66/261.

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. Muraro R, *et. al.* Cancer Research, 1985, 45:5769-80.
2. Siler K, *et. al.* Biotechnology Therapeutics, 1993, 4(3-4):163-81.