

AMYLOID P

| Format | Catalog no. | Pack size | Dilution |
|--------------|-------------|-----------|--------------|
| Concentrated | - | - | - |
| Prediluted | GB 132 AA | 6.0 mL | Ready to use |

PRODUCT DESCRIPTION -

Amyloidosis is a diverse collection of illnesses marked by the extracellular accumulation of aberrant protein fibrils originating from various proteins. The amyloid P antibody interacts with amyloid deposits in various tissues, including the kidney, rectum, and brain. The utilization of Congo Red, Amyloid P antibody, and Amyloid A antibody in tissues containing amyloid deposits has demonstrated superiority over Congo Red and other histochemical stains. Trace levels of amyloid can be identified using both Amyloid P and Amyloid A antibodies, facilitating earlier intervention prior to organ damage.

INTENDED USE -

Amyloidosis is a diverse collection of illnesses marked by the extracellular accumulation of aberrant protein fibrils originating from various proteins. The amyloid P antibody interacts with amyloid deposits in various tissues, including the kidney, rectum, and brain. The utilization of Congo Red, Amyloid P antibody, and Amyloid A antibody in tissues containing amyloid deposits has demonstrated superiority over Congo Red and other histochemical stains. Trace levels of amyloid can be identified using both Amyloid P and Amyloid A antibodies, facilitating earlier intervention prior to organ damage.

SUMMARY AND EXPLANATION -

Amyloidosis is a diverse collection of illnesses marked by the extracellular accumulation of aberrant protein fibrils originating from various proteins. The majority of people with amyloidosis have varying degrees of renal impairment. The amyloid P antibody interacts with amyloid deposits throughout various tissues, including the kidneys, rectum, and brain. The utilization of Amyloid P and Amyloid A antibodies in tissues containing amyloid deposits has demonstrated superiority over Congo Red and other histochemical stains. The immunoperoxidase approach effectively detects amyloid in formalin-fixed paraffin-embedded tissues and is a highly precise method

for recognizing amyloid fibril proteins. Trace levels of amyloid can be identified using both Amyloid P and Amyloid A antibodies, thereby facilitating earlier intervention prior to organ damage.

PRINCIPLE OF PROCEDURE -

Antigen identification in tissues and cells is a multi-phase immunohistochemistry procedure. The first step attaches the primary antibody to its designated epitope. Following the tagging of the antigen with a primary antibody, an enzyme-conjugated polymer is introduced to bind to the primary antibody. The identification of the attached antibody is demonstrated by a colorimetric response.

SOURCE - : Rabbit polyclonal

SPECIES REACTIVITY - Human; others not tested

CLONE - N/A

ISOTYPE - N/A

PROTEIN CONCENTRATION - ~10 mg/ml. Call for lot specific Ig Concentration.

EPITOPE/ANTIGEN - : Amyloid P

CELLULAR LOCALISATION - Amyloid fibrils

POSITIVE TISSUE CONTROL - Amyloid deposits in kidney, or other amyloid-infiltrated tissue

KNOWN APPLICATIONS - Immunohistochemistry 30-40 min. At RT. Staining of formalin-fixed tissues requires heating tissue sections in between pH 7.4 - 9.0 for 45 min at 95°C followed by cooling at room temperature for 20 minutes.

SUPPLIED AS - Buffer with protein carrier and preservative

STORAGE AND STABILITY -

Store at 2°C to 8°C. Do not use after expiration date printed on vial. If reagents are stored under conditions other than those specified in the package insert, they must be verified by the user. Diluted reagents should be used promptly; any remaining reagent should be stored at 2°C to 8°C.

Materials required but not provided -

- 1) Positive tissue control-Amyloid deposits in kidney, or other amyloid-infiltrated tissue
- 2) Negative control tissue (internal or external)
- 3) Microscope slides and coverslips
- 4) Staining jars or baths
- 5) Timer
- 6) Xylene or xylene substitute
- 7) Ethanol or reagent alcohol
- 8) Deionized or distilled water
- 9) Heating equipment or enzyme for tissue pretreatment step
- 10) Detection system
- 11) Chromogen
- 12) Wash buffer
- 13) Hematoxylin
- 14) Antibody diluents
- 15) Peroxide block
- 16) Light microscope
- 17) Mounting medium

LIMITATIONS-

The optimum antibody dilution and protocols for a specific application can vary. These include, but are not limited to: fixation, heat-retrieval method, incubation times, tissue section thickness and detection kit used. Due to the superior sensitivity of these unique reagents, the recommended incubation times and titers listed are not applicable to other detection systems, as results may vary. The data sheet recommendations and protocols are based on exclusive use of Genebio products. Ultimately, it is the responsibility of the investigator to determine optimal conditions. These products are tools that can be used for interpretation of morphological findings in conjunction with other diagnostic tests and pertinent clinical data by a qualified pathologist. Ultimately, it is the responsibility of the investigator to determine optimal conditions.