Clusterin

Format	Catalog No.	Pack size	Dilution
Concentrated	GB-218A -	1.0 mL	1: 200
Prediluted		-	-

PRODUCT DESCRIPTION -

Apo lipoprotein J, another name for clusterin antibodies, has been linked to a number of activities, including active cell death. Anaplastic large cell lymphoma (ALCL), as well as pancreatic, breast, prostate, and ovarian malignancies, have been shown to overexpress clusterin, which is expressed in the normal brain. 95% of systemic ALCL, including 100% of ALK-1(+) and 91% of ALK-1(-) ALCL, can be stained by clusterin. Clusterin may be a helpful diagnostic marker for ALCL, particularly in cases of ALK-1(-), according to studies. For patients with ovarian cancers, clusterin overexpression seems to be a helpful prognostic factor.

INTENDED USE -

A mouse monoclonal antibody called Clusterin [41D] is designed for use in lab settings to qualitatively identify the clusterin protein using immunohistochemistry (IHC) in human tissues that have been formalin-fixed paraffin-embedded (FFPE). Any staining's clinical interpretation, or lack thereof, should be supported by morphological investigations employing appropriate controls and assessed by a trained pathologist in light of the patient's medical history and additional diagnostic procedures.

SUMMARY AND EXPLANATION -

Apolipoprotein J, another name for clusterin, has been linked to a variety of activities, including active cell death. Normal brains express clusterin, which has also been shown to be overexpressed in pancreatic, breast, and prostate malignancies as well as anaplastic large cell lymphoma. Studies have indicated that over 60% of CD30+ ALCL is stained by ALKc and ALK-1. In a recent investigation, 95% of systemic ALCL, comprising 100% of ALK1(+) and 91% of ALK1(-) ALCL, were Clusterin-stained. Observations supported Clusterin's diagnostic utility, particularly in cases with ALK1 (-). In AIDS brains, clusterin has also been demonstrated to be a sensitive indicator of glial activation.

PRINCIPLE OF PROCEDURE -

Immunohistochemistry is a multi-step method used to detect antigens in tissues and cells. The primary antibody attaches itself to its particular epitope in the first stage. A secondary antibody is added to the primary antibody to attach to it after the antigen has been labeled with the primary antibody. After that, an enzyme label is added to the secondary antibody to bind to it; a colorimetric reaction shows that the antibody has been bound.

SOURCE - Mouse monoclonal antibody

SPECIES REACTIVITY - Human; others not tested

CLONE- 41D

ISOTYPE - IgG1/kappa

PROTEINCONCENTRATION-~10mg/ml.CallforlotspecificIgconcentration

EPITOPE/ANTIGEN - Clusterin alpha chain

CELLULAR LOCALISATION - Cytoplasmic or paranuclear

POSITIVE TISSUE CONTROL - Brain or anaplastic large cell lymphoma

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 a 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) Positivetissuecontrol-Brainoranaplasticlargecelllymphoma
2) Negativecontroltissue(internalorexternal)
3) Microscopeslidesandcoverslips
4) Stainingjarsorbaths
5) Timer
6) Xyleneorxylenesubstitute

7) Ethanolorreagentalcohol
8) Deionizedordistilledwater
9) Heatingequipmentorenzymefortissuepretreatmentstep
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. The clinical interpretation of any positive or negative staining should be evaluated within the context of clinical presentation, morphology and other histopathological criteria by a qualified pathologist. The clinical interpretation of any positive or negative staining should be complemented by morphological studies using proper positive and negative internal and external controls as well as other diagnostic tests.