


CD43 (T-Cell); Clone DF-T1 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	A00082-C.1	0.1 ml
	A00082-C	1 ml


Description:

Species:	Mouse
Immunogen:	Myeloblastic KG1 cells
Clone:	DF-T1
Isotype:	IgG1, kappa
Entrez Gene ID:	6693 (Human)
Hu Chromosome Loc.:	16p11.2
Synonyms:	Galactoglycoprotein, GALGP, GPL115, Leukocyte sialoglycoprotein, Leukosialin, LSN, Sialophorin, SPN.
Mol. Weight of Antigen:	95, 115, or 135kDa
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 cell surface glycoprotein of 95/115/135kDa (depending upon the extent of glycosylation), identified as CD43 [Workshop IV].
Background:	70-90% of T-cell lymphomas and 22-37% of B-cell lymphomas express CD43. No reactivity has been observed with reactive B-cells, so a B-lineage population that co-expresses CD43 is highly likely to be a malignant lymphoma, especially a low-grade lymphoma, rather than a reactive B-cell population. When CD43 antibody is used in combination with anti-CD20, effective immunophenotyping of the lymphomas in formalin-fixed tissues can be obtained. Co-staining of a lymphoid infiltrate with anti-CD20 and anti-CD43 argues against a reactive process and favors a diagnosis of lymphoma.
Species Reactivity:	Human. Others not known.
Positive Control:	Paracortex in a tonsil or a reactive lymph node.
Cellular Localization:	Cell surface
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 1-2µg/ml Flow Cytometry: 0.5-1µg/million cells Immunofluorescence: 1-2µg/ml
Microbiological State:	This product is not sterile.

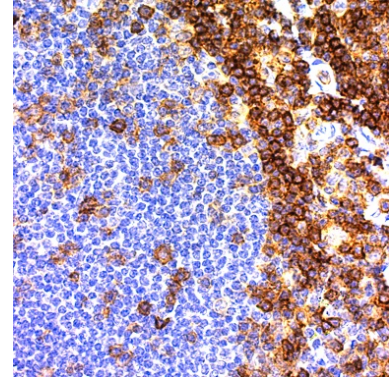
Storage: 2° C  8° C

 ScyTek Laboratories, Inc.
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Uses/Limitations: Not to be taken internally.
 For In Vitro Diagnostic Use.
 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 tonsil stained with CD43; Clone DF-T1.

Ordering Information and Current Pricing at www.scytek.com

Procedure:

1. **Tissue Section Pretreatment (Required):** Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with Citrate Plus (ScyTek catalog# CPL500).
2. **Primary Antibody Incubation Time:** We suggest an incubation period of 30 minutes at room temperature. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user.
3. **Visualization:** For maximum staining intensity we recommend the “UltraTek HRP Anti-Polyvalent Lab Pack” (ScyTek catalog# UHP125, see IFU for instructions) combined with the “DAB Chromogen/Substrate Bulk Pack (High Contrast)” (ScyTek catalog# ACV500, see IFU for instructions).

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.


References:

1. Stross WP, *et. al.* Journal of Clinical Pathology, 1989, 42(9):953-61.


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. ScyTek Laboratories, Inc. 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.

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