



Bcl-2; Clone 100/D5 (Concentrate)

Availability/Contents:	<u>Item #</u>	<u>Volume</u>
	A00119-C	1 ml

Description:


Species:	Mouse
Immunogen:	A synthetic peptide corresponding to amino acids 41-54 (GAAPAPGIFSSQPG-Cys), of human Bcl-2 was used as immunogen to generate the antibody; GenBank no. NP_000648.2 (Pezzella et al, 1990). This sequence is 100% conserved in the human alpha (239 aa) and beta (205 aa) isoforms. Note: this antibody clone is designated as 100 in the Pezzella publication.
Clone:	100/D5
Isotype:	Mouse IgG1, Kappa
Format:	This antibody is provided in a phosphate buffered saline containing 1% BSA.
Specificity:	Human Bcl-2 alpha is a 239 amino acid (aa) protein and human Bcl-2 beta is a 205 aa protein. The 100/D5 antibody [also known as clone Bcl-2/100 (Kren, 2004, Kaur, 2004)] recognizes both Bcl-2 isoforms (Pezzella et al, 1990).
Background:	<p>Bcl-2 (Bcl2) is the founding member of the Bcl-2 family. Family members have pivotal roles in regulating apoptosis or death signaling pathways through their control of mitochondrial permeability and cytochrome release (reviewed in Anvekar, 2011; Martinou and Youle, 2011). Bcl-2 derives its name from B cell lymphoma 2 where was first found to be highly expressed in follicular lymphomas with 14;18 reciprocal translocations. There are two isoforms, alpha and beta, generated by alternative splicing and differing in their carboxy termini. Human Bcl-2 alpha is a 239 amino acid (aa) protein and human Bcl-2 beta is a 205 aa protein. The 100/D5 antibody [also known as clone Bcl-2/100 (Kren, 2004, Kaur, 2004)] recognizes both Bcl-2 isoforms (Pezzella et al, 1990).</p> <p>Bcl-2 is over expressed in neoplastic germinal centers of a majority of follicular lymphomas, whereas the normal or hyperplastic germinal centers are primarily negative for Bcl-2 expression. Upregulation has also been described in a number of other types of tumors. Bcl-2 expression is often considered to be a marker of cell death status, and over or high expression has often been tied to anti-apoptotic states, or resistance to death. However, the actual status of vulnerability to death can depend on the balance of other Bcl-2 family members present, their interaction with one another, as well as other factors.</p>
Species Reactivity:	Human, Monkey. Others not tested.
Positive Control:	Tonsil.
Cellular Localization:	Cytoplasmic & Cell Membrane.
Titer/Working Dilution:	Immunohistochemistry: 1:125 – 1:250 Western Blot Analysis: 1:300 – 1:1000
Microbiological State:	This product is not sterile.

Storage: 2° C  8° C

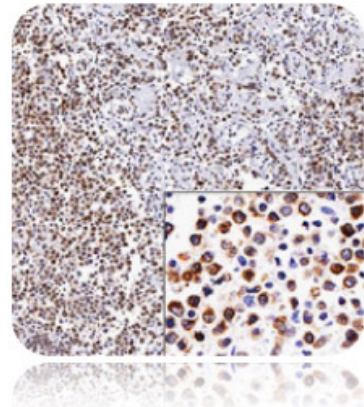


ScyTek Laboratories, Inc.
205 South 600 West
Logan, UT 84321
U.S.A.



 EmergoEurope (31)(0) 70 345-8570
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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.
 Use caution when handling reagents.
 Non-Sterile.



Ordering Information and Current Pricing at www.scytek.com


Procedure:


1. **Tissue Section Pretreatment REQUIRED:** Staining of formalin fixed, paraffin embedded tissue sections is enhanced by pretreatment with EDTA-Saline Buffer (10X Concentrate); pH 8.0 (ScyTek catalog# ETA500).
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. Pezzella et al. AJP 137:225-232 (1990). WB: Fig 1 (normal human spleen), the Bcl-2 alpha isoform was detected in both reducing and non-reducing conditions. IHC (frozen)/ IHC (paraffin)/ IF/ICC: Various human cell types and tissues: Figs 2,7 and Tables 1-3. See publication for specific staining details.
2. Kren et al. Appl Immunohistochem Mol Morphol. 12:44-49 (2004). IHC (paraffin): lung cancer.
3. Kaur et al. Arch Pathol Lab Med 128:39-43 (2004). IHC (paraffin): Prostate adenocarcinoma, Figs 2,3.
4. Tralongo et al. J Med Case Reports doi:10.1186/1752-1947-6-24 (2012) IHC (paraffin): follicular lymphoma, results discussed. An example of a primary follicular lymphoma negative for Bcl-2 expression.
5. Moshovi et al. Pediatr Neurosurg 47:241–247 (2011). IHC (paraffin): Embryonal tumors, Table 1.
6. Martinou JC and RJ Youle. Dev Cell 21:92-101 (2011).
7. Anvekar et al. Frontiers in Oncol doi: 10.3389/fonc.2011.00034 (2011).

Storage: 2° C  8° C

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Instructions For Use
A00119-C-IFU-IVD

Rev. Date: Jan. 12, 2013

Revision: 1


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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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