Rabbit anti-human Amyloid P Monoclonal Antibody (EP1018Y)

REFERENCES AND PRESENTATIONS[1]

- **ready-to-use (ml)**
  MAD-000443QD–3
  MAD-000443QD–7
  MAD-000443QD–12
- **concentrated**
  MAD-210443Q - 1:50 recommended dilution

COMPOSITION
Anti-human Amyloid P rabbit monoclonal antibody purified from serum and prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide
INTENDED USE IVD: Immunohistochemistry (IHC) on paraffin embedded tissues. Not tested on frozen tissues or Western-Blotting
CLONE: EP1018Y
Ig ISOTYPE: IgG
IMMUNOGEN: A synthetic peptide corresponding to residues near the N-term of human SAP.
SPECIES REACTIVITY: In vitro diagnostics in humans. Not tested in other species
DESCRIPTION AND APPLICATIONS:
Serum Amyloid P (SAP) is a non-fibrillar plasma glycoprotein that belongs to the pentraxin family. It is universally found in amyloid deposits and this is probably due to its specific calcium-dependent binding to motifs present on all types of amyloid fibrils. SAP is also found to prevent fibrillar breakdown by enzymes and it is believed that it helps maintains stability of the amyloid deposits. It has been shown that SAP binds monocytes with high avidity, but does not bind to erythrocytes, NK cells, T lymphocytes or B lymphocytes. SAP production can be induced by exposure to IL-1, IL-6 and IFN-beta. The SAP-inducing activity was neutralized by antibodies to each of the recombinant cytokines.
Recognition of these type of amyloid has prognostic and therapeutic implications. The increase in SAP secretion has been documented in different pathologies including neoplasms, rheumatoid arthritis and CNS diseases. The synthesis of SAP is increased in systemic amyloidosis and is a common component in amyloid deposits. SAP has also been identified in arteriosclerotic lesions.

IHC POSITIVE CONTROL: Kidney/amyloidosis
VISUALIZATION: Cell membrane/interstitial

IHC RECOMMENDED PROCEDURE:
- 4µm thick section should be taken on charged slides; dry overnight at 60ºC
- Deparaffinise, rehydrate and perform antigen retrieval using Proteinase K for 8 min at room temperature. Upon completion rinse with 3-5 changes of distilled or deionised water followed by cooling at RT for 20 min
- Endogenous peroxidase block - Blocking for 10 minutes at room temperature using peroxidase solution (ref. MAD-021540Q-125)
- Primary antibody: incubate for 20 minutes [The antibody dilution (when concentrated) and protocol may vary depending on the specimen preparation and specific application. Optimal conditions should be determined by the individual laboratory]
- For detection use Master Polymer Plus Detection System (HRP) (DAB included; ref. MAD-000237QK)
- Counterstaining with haematoxylin and final mounting of the slide

STORAGE AND STABILITY: up to 18 months; stored at 2-8ºC. Do not freeze.

WARNINGS AND PRECAUTIONS:
1. Avoid contact of reagents with eyes and mucous membranes. If reagents come into contact with sensitive areas, wash with copious amounts of water.
2. This product is harmful if swallowed.
3. Consult local or state authorities with regard to recommended method of disposal.
4. Avoid microbial contamination of reagents.

SAFETY RECOMMENDATIONS
This product is intended for laboratory professional use only. The product is NOT intended to be used as a drug or for domestic purposes. The current version of the Safety Data Sheet for this product can be downloaded by searching the reference number at www.vitro.bio or can be requested at regulatory.md@vitro.bio.

BIBLIOGRAPHY

1. Pepys MB, Booth DR, Hutchinson WL, Gallimore JR, Collins PM, Hohenester E. Amyloid P component. A critical review. Amyloid: Int. J. Exp. Clin. Invest. 4: 274–295. 1997.

[1] These references are for presentation in vials of Low Density Polyethylene (LDPE) dropper. In case the products are used in automated stainers, a special reference is assigned as follows:
- / L: Cylindrical screw-cap vials (QD-3 / L, QD-7 / L, QD-12 / L).
- / N: Polygonal screw-cap vials (QD-3 / N, QD-7 / N, QD-12 / N).
For different presentations (references / volumes) please contact the supplier.

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2. Pepys MB, Herbert J, Hutchinson WL, Tennent GA, Lachmann HJ, Gallimore JR, Lovat LB, Bartfai T, Alanine A, Hertel C, Hoffmann T, Jakob-Roetne R, Norcross RD, Kemp JA, Yamamura K, Suzuki M, Taylor GW, Murray S, Thompson D, Purvis A, Kolstoe S, Wood SP, Hawkins PN. Targeted pharmacological depletion of serum amyloid P component for treatment of human amyloidosis. Nature 417: 254-259. 2002.
3. Röcken C, Sletten K. Amyloid in surgical pathology. Virchows Arch; 443: 3–16. 2003.
4. Kebbel A, Röcken C. Immunohistochemical classification of amyloid in surgical pathology revisited. Am J Surg Pathol; 30(6): 673-83. 2006.
5. Stewart CR, Haw A 3rd, Lopez R, McDonald TO, Callaghan JM, McConville MJ, Moore KJ, Howlett GJ, O'Brien KD. Serum amyloid P colocalizes with apolipoproteins in human atheroma: functional implications. J Lipid Res; 48(10): 2162-71. 2007.