OriGene Technologies, Inc.
9620 Medical Center Drive, Ste 200
Rockville, MD 20850
UNITED STATES
Phone: +1-888-267-4436
Fax: +1-301-340-8606
techsupport@origene.com

OriGene Technologies GmbH
Schillerstr. 5
32052 Herford
GERMANY
Phone: +49-5221-34606-0
Fax: +49-5221-34606-11
info-de@origene.com

AM09246PU-N Monoclonal Antibody to BPH - Aff - Purified

Alternate names: Benign Prostatic Hyperplasia

Quantity: 0.5 mg

Background: Benign prostatic hyperplasia (BPH) is a disease of unknown etiology that significantly affects the quality of life in aging men. Histologic BPH may present itself either as symptomatic or asymptomatic in nature.
Benign prostatic hyperplasia (BPH), also known as benign enlargement of the prostate (BEP), is a condition that characterized by an increase in prostate size due to the formation of large nodules in the periurethral region of the prostate. Common in middle-aged and elderly men, benign prostatic hyperplasia leads to an obstruction of the urethra, thus interfering with normal urine flow and causing an urgency to urinate, as well as a decrease in urine flow. In some instances, benign prostatic hyperplasia can lead to recurrent urinary tract infections, bladder stones and kidney failure. These more serious afflictions are a direct result of an increase in the bacterial count within the bladder, a common phenomenon when urine flow is compromised. While mild cases of benign prostatic hyperplasia can be treated by a simple decrease in fluid intake, moderate to severe cases generally require medical treatment in the form of oral drugs or prostate surgery.

Host / Isotype: Mouse / IgG

Clone: YPBH-2

Immunogen: Highly purified Benign Prostatic Hyperplasia (BPH).

Format: **State:** Lyophilized purified Ig fraction.
Purification: Affinity Chromatography on Protein G.
Buffer System: 0.01M PBS, pH 7.2 without preservatives.
Reconstitution: Restore with Double distillated water to adjust the final concentration to 1.0 mg/ml.

Applications: This Benign Prostatic Hyperplasia antibody is suitable for use in ELISA and Immunohistochemistry.
It was nor reaction in non-prostate normal tissue, neither prostate malignant tissue positive. This anti-BPH antibody can react with some of well-moderately differential prostate normal tissue and very rarely react with poor differential prostate normal tissue.
Other applications not tested. Optimal dilutions are dependent on conditions and should be determined by the user.

Specificity: Reactive with BPH or Human prostate epithelial cells.
Does not react with a variety of Human normal tissues

Species Reactivity: **Tested:** Human.

Storage: Store the antibody at -20°C.
After reconstitution, aliquot and store at -20°C.
Shelf life: one year from despatch.

General Readings:

1. Jacobsen, S.J. 2007. Risk factors for benign prostatic hyperplasia. Curr Urol Rep. 8: 281-288.
2. Edwards, J.L. 2008. Diagnosis and management of benign prostatic hyperplasia. Am. Fam. Physician. 77: 1403-1410.
3. Hoke, G.P. and McWilliams, G.W. 2008. Epidemiology of benign prostatic hyperplasia and comorbidities in racial and ethnic minority populations. Am. J. Med. 121: S3-10.
4. Emberton, M., Cornel, E.B., Bassi, P.F., Fourcade, R.O., Gómez, J.M. and Castro, R. 2008. Benign prostatic hyperplasia as a progressive disease: a guide to the risk factors and options for medical management. Int. J. Clin. Pract. 62: 1076-1086.
5. Dedhia, R.C. and McVary, K.T. 2008. Phytotherapy for lower urinary tract symptoms secondary to benign prostatic hyperplasia. J. Urol. 179: 2119-2125.
6. Miano, R., De Nunzio, C., Asimakopoulos, A.D., Germani, S. and Tubaro, A. 2008. Treatment options for benign prostatic hyperplasia in older men. Med. Sci. Monit. 14: RA94-R102.
7. Isaacs, J.T. 2008. Prostate stem cells and benign prostatic hyperplasia. Prostate 68: 1025-1034.
8. Lepor, H., Lepor, N.E., Hill, L.A. and Trohman, R.G. 2008. The QT interval and selection of alpha-Blockers for benign prostatic hyperplasia. Rev Urol. 10: 85-91.
9. Rittmaster, R., Hahn, R.G., Ray, P., Shannon, J.B. and Wurzel, R. 2008. Effect of Dutasteride on intraprostatic androgen levels in men with benign prostatic hyperplasia or prostate cancer. Urology 72: 808-812.