

Monoclonal Antibody to Human Cytomegalovirus (CMV)

Catalog No.:	DM192S
Quantity:	0.5 ml
Host / Isotype:	Mouse / IgG1
Clone:	CCH2
Immunogen:	The CMV infected Human Cell Lysate
Applications:	<p>Immunohistochemistry on frozen and paraffin embedded sections. Prolonged fixation in buffered formalin can destroy the epitope. The antibody may be used at a dilution of 1:25 with AutoProbe III (Cat. No. 08-803). When using paraffin embedded and formalin-fixed tissues, high temperature antigenic unmasking technique or predigestion with Pepsin (Cat.#M77) is strongly recommended for consistent and reproducible results. Recommended positive control: Cytomegalovirus Infected Granulocytes. When infected cell lines are used as the positive control, it is recommended that a negative control (no primary antibody) be run to rule out the possibility of false staining. Other applications not tested. Optimal dilutions of this antibody are dependent on conditions and should be determined by the user.</p> <p>Other applications not tested. Optimal dilutions are dependent on conditions and should be determined by the user.</p>
Specificity:	<p>This antibody reacts with CMV infected cells giving a nuclear staining pattern with an early antigen and a nuclear and cytoplasmic reaction with the late viral antigen. Cellular Localization: nuclear, cytoplasmic.</p>
Storage:	<p>Store the antibody at 4°C. Do not freeze! Shelf life: one year from despatch.</p> <p>Aliquoting Instructions: Do not dilute the entire reconstituted solution at once. Withdraw aliquots as needed with a micropipette and keep concentrated stock at 4C. Dilute according to the particular application being used. In general, the 0.05M Borate pH 8.0 containing 0.15M Sodium Chloride, 0.05% Sodium Azide, is a good diluent to use with most antibodies. Avoid diluting the entire contents of the vial at once since the diluted solution may have reduced stability.</p>
General Readings:	<ol style="list-style-type: none">1. Zwegberg-Wirgart B., et al., J Virol Meth, 27: 211-220, 1990.2. Niedobitek, G., et al., J Clin