

## Polyclonal Antibody to Human pS2 Protein

<b>Alternate names:</b>	TFF1
<b>Catalog No.:</b>	DP3117
<b>Quantity:</b>	0.5 ml
<b>Host:</b>	Rabbit
<b>Immunogen:</b>	Synthetic peptide representing a highly antigenic site near the C-terminus of the pS2 protein.
<b>Applications:</b>	Immunohistochemistry: 1:25-1:50. Presence of this antigen in breast carcinomas provides research investigators supplementary information for identifying patients with likely positive response to hormone therapy and a favourable prognosis. This antibody can be used on both frozen and formalin-fixed, paraffin-embedded tissue sections. Prolonged fixation in buffered formalin can destroy the epitope. This antibody may be used at a dilution of 1:25-1:50 with the Lab/Probe DAB Staining Kit (Cat. No. 10-102). For paraffin sections, incubation of primary antibody for one hour at 37 is recommended. Recommended positive control: About 70% of Breast Carcinomas show partial staining of Tumor Granulocytess. Other applications not tested. Optimal dilutions of this antibody are dependent on conditions and should be determined by the user. Other applications not tested. Optimal dilutions are dependent on conditions and should be determined by the user.
<b>Specificity:</b>	This antibody is specific to pS2 protein, also known as pNR-2.
<b>Storage:</b>	Refrigerate at 4C. Do not freeze. Shelf life: one year from despatch.

**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, 0.02% 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.

<b>General Readings:</b>	<ol style="list-style-type: none"><li>1. Lipponen PK and Eskelinen MJ, Journal of Pathology, 173:327-332, 1994.</li><li>2. Luqmani YA, Ricketts D, Ryall, G et al, Int. J. Cancer, 54: 619-623, 1993.</li><li>3. Pallud C, Le Doussal V, Pichon M-F et al, Histopathology, 23: 249-256, 1993.</li><li>4. Henry JA, Bennet MK, Piggott NH et al, Br. J. Cancer, 64: 677-682, 1991.</li><li>5. Piggott NH, Henry JA, May FEB et al, Journal of Pathology, 163:, 95-104, 1991.</li><li>6. Henry JA, Nicholson S, Hennessy C et al, Br. J. Can</li></ol>
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