Monoclonal Mouse Antibody to ZAP-70

Catalog No.: Mob 431, Mob 431-05

Intended Use: This product is intended for qualitative immunohistochemistry with normal and

> neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy. Clinical interpretation of staining results should be accompanied by histological studies with proper controls. Patients' clinical histories and other relevant diagnostic tests should be utilized by a qualified

person(s) when evaluating and interpreting results.

Clone: 2F3.2

Immuogen: GST-fusion to tandem SH2 domains of human ZAP-70 corresponding to

residues 1-254.

Isotype: IgG2a

Format: This antibody is supplied as a liquid containing sodium azide as a preservative.

Titer/Working Dilution: This antibody may be diluted to a titer of 1:50-1:75 in an ABC method. The

final dilution should be determined by the user based upon the staining

conditions employed.

Staining Protocol: We suggest an incubation period of 60 minutes at room temperature. Optimal

> incubation conditions should be determined by the user based upon the fixation conditions and staining system employed. Formalin fixed paraffin embedded tissue sections require high temperature antigen unmasking with 10mM citrate

buffer, pH 6.0 prior to immunostaining.

Specificity: Mutations in the ZAP-70 gene results in a form of Severe Combined

> Immunodeficiency Syndrome (SCID) in humans. ZAP-70 expression also defines a subset of Chronic Lymphocytic Leukemia (CLL) in patients with unmutated Ig gene and poor clinical course. Recent studies suggest that protein levels of ZAP-70 are elevated in B-cells of CLL patients with non-mutant heavy-chain variable region (IgVH) but not those with the mutant regions. Recent evidence also suggests that ZAP-70 could be an excellent prognostic

biomarker with high levels of proteins indicating a poor prognosis.

Positive Control: Tonsil

Cellular Localization: Cytoplasmic

Store at 2-8°C. Do not use beyond the expiration date stated on the label. Storage:

References: (i) Crespo et al. Engl J Med 348: 1764, 2003.

(ii) Silvin et al. J Biol Chem 276:21450, 2001.

(iii) Wiester et al. Blood 101: 4944, 2003.

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