

Kappa; Clone L1C1

Catalog Number	Format	Volume
A00113-0002	(Ready-To-Use)	2 ml
A00113-0007	(Ready-To-Use)	7 ml
A00113-0025	(Ready-To-Use)	25 ml
A00113-C	(Concentrate)	1 ml

Intended Use

For In-Vitro Diagnostic Use. This antibody is intended for the qualitative visualization of the anatomical elements listed in the Specificity section. It is intended to be used within an Immunohistochemistry (IHC) procedure on formalin-fixed paraffin-embedded (FFPE) human tissue followed by visualization by light microscopy.

Description

Titer/Working Dilution: Ready-to-Use: No further dilution required.

Concentrate: Suggested dilution is 1:200-400

Species: Mouse
Immunogen: B lymphoma cells.
Clone: L1C1
Isotype: Mouse IgG1, Kappa
Format: Ready-To-Use antibody has been pre-titered and quality controlled to work on formalin-fixed paraffin-embedded as well as acetone fixed cryostat tissue sections. No further titration is required.

Concentrate antibody is provided in a phosphate buffered saline containing 1% BSA.

Specificity: The kappa light chain antibody recognizes the kappa light chain of immunoglobulin.

Background: The kappa light chain itself is one of the two small polypeptide subunits of an antibody, the other being lambda. Antibodies are produced by the B-cells in lymphoid tissue. Each B lymphocyte expresses either lambda or kappa light chain but never both together. Hence, the kappa light chain antibody is a useful marker for identifying B lymphocytes expressing kappa light chain.

If a lymph node or other tissue of lymphoid origin is normal or benign, it should contain a mixture of lambda and kappa light chain positive cells. However, if there is only one type, such as all kappa light chain positive, then they may have all been derived from a clonal population. This may be indicative of a pathological condition, including a malignancy. As such, the kappa light chain antibody has been reported to help identify leukemias, plasmacytomas and certain non-Hodgkin's lymphomas. The underlying mechanism of identification by the kappa light chain antibody in these various cancers would be their expression of the kappa, but not lambda, light chain.

Hence, the kappa light chain antibody has an overall usefulness in identifying normal B-cells expressing kappa light chain as well as helping to identify malignancies or potentially other pathologies characterized by a clonally derived kappa light chain positive population.

Species Reactivity: Human. Others not known.

Positive Control: Tonsil.

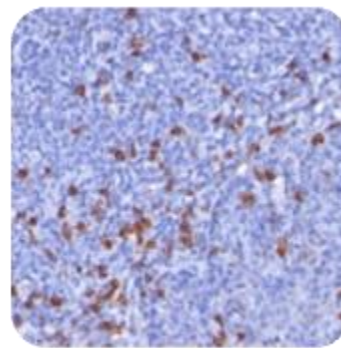
Cellular Localization: Cytoplasmic.

Microbiological State: Nonsterile

Materials and Reagents Required but not Provided

- Control tissue and reagents
- Xylene, graded alcohols, and deionized/distilled water
- Antibody Diluent.
- IHC detection system. Suggested: ScyTek Cat# ABZ125 "CRF Anti-Polyvalent HRP Polymer" and ScyTek Cat# ACV500 "DAB Chromogen/Substrate Kit (High Contrast)".
- Wash buffer for rinses (ScyTek Cat# TBT500)
- HIER Retrieval Solution
- Hematoxylin counterstain and bluing reagent (ScyTek Cat# HMM500 and BRT500)
- Mounting medium and coverslips

Note: ScyTek Laboratories has a wide range of IHC reagents and ancillaries that can be found at scytek.com.



Procedure

1. **Tissue Section Pretreatment (Highly Recommended):** Staining of formalin fixed paraffin embedded tissue sections is significantly enhanced by pretreatment with Tis-EDTA HIER Solution (10x) pH 9.0 (ScyTek catalog# TES500) or Citrate Plus (10x) HIER Solution (ScyTek catalog# CPL500)

2. **Primary Antibody Incubation Time:** We suggest an incubation period of 30 minutes at room temperature. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user.

3. **Visualization:** For maximum staining intensity we recommend the "UltraTek HRP Anti-Polyvalent Lab Pack" (ScyTek catalog# UHP125, see IFU for instructions) combined with the "DAB Chromogen/Substrate Bulk Pack (High Contrast)" (ScyTek catalog# ACV500, see IFU for instructions).


Storage and Stability

Do not Freeze. Store at 2-8°C. Return to 2-8° immediately after use. Do not use after expiration date printed on label. Verify visually that antibody has not been contaminated before use. Do not use if reagent becomes cloudy or precipitates.

Limitations

Immunohistochemistry is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue specimen may cause variations in results. Endogenous peroxidase activity or pseudoperoxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used. This data sheet's recommendations and procedures were validated using ScyTek IHC reagents and may not be suitable for other detection systems.

Storage: 2° C  8° C

 ScyTek Laboratories, Inc.
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 Logan, UT 84321
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CE

EC REP

Emergo Europe
 Westervoortsedijk 60
 6827 AT Arnhem, The Netherlands

Precautions


1. Contains Sodium Azide as a preservative (0.09% w/v), do not ingest. Sodium Azide may react with lead and copper plumbing to form highly explosive metal azides. Upon disposal, flush with large volumes of water to prevent azide build-up in plumbing. This product contains no hazardous material at a reportable concentration according to U.S. 29 CFR 1910.1200, OSHA Hazardous Communication Standard and EC Directive 91/155/EC.
2. Do not pipette by mouth.
3. Avoid contact of reagents and specimens with skin and mucous membranes.
4. Avoid microbial contamination of reagents or increased nonspecific staining may occur.
5. The user must validate any procedures and recommendations that differ from this data sheet.
6. The SDS may be found at scytek.com

References

1. Korkolopoulou P, GA Pangalis E Patsouris, VaA Boussiatis, C Kittas C. Leukemia Lymphoma, 1994, 13:151-159 (1994).
2. Abe M, T Goto, SJ Kennel, D Wolfenbarger, SD Macy, DT Weiss, A Solomon. AJCP 100:67-74 (1993).
3. Berg AM, RF Troxler, G Grillone, J Kasznica, K Kane, AS Cohen, M Skinner. Localized amyloidosis of the larynx: evidence for light chain composition. Ann. Otol. Rhinol. Laryngol. 884-889 (1993).
4. Takahashi H, S Fujita, H Okabe, N Tsuda, F Tezuka. Pathol Res Prac 189:300-311 (1993).
5. Momose H, YY Chen, J Ben-Ezra, LM Weiss. Hum Pathol. 23:1115-1119 (1992).

Warranty

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