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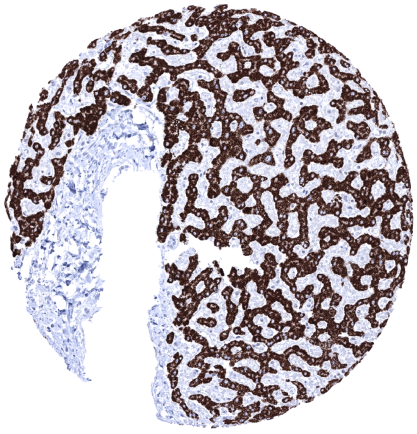
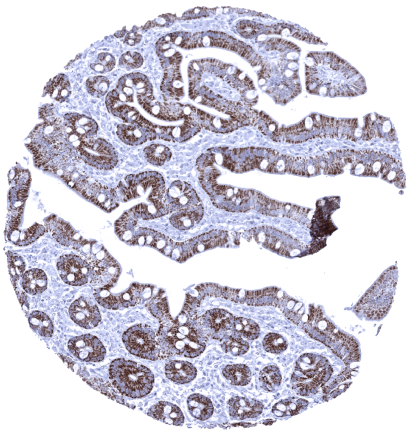
Anti- Hepatocyte Specific Antibody
MSVA-OCE5 / Mouse monoclonal

Human SwissProt	Not Known
Human Gene Symbol	Not Known
Synonyms	Not Known
Specificity	–
Immunogen	Extract of a formalin-fixed, rejected-allograft of a human liver
Isotype	Mouse / IgG
Species Reactivity	Human
Localization	Finely granular cytoplasmic

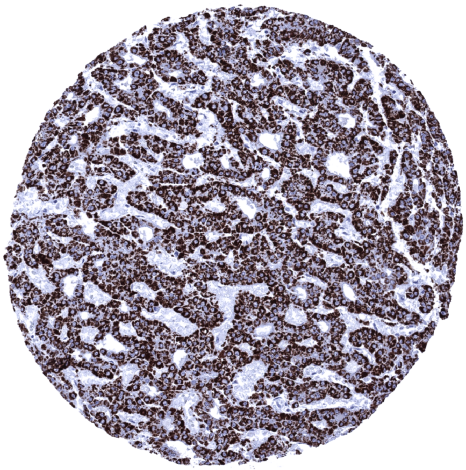
Storage & Stability	Antibody with azide – store at 2 to 8 C. Antibody without azide – store at -20 to -80 C. Antibody is stable for 24 months. Non-hazardous. No MSD required.
Supplied As	200ug/ml of Ab Purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available without BSA
Positive Control	Liver: Virtually all hepatocytes should show an at least moderate granular cytoplasmic staining.
Negative Control	Tonsil: No staining should be seen.



Strong Hepatocyte staining in hepatocytes while other structures of the liver remain negative.



Moderate to strong Hepatocyte immunostaining in epithelial cells of the duodenum.



Hepatocellular carcinoma with strong Hepatocyte immunostaining of all tumor cells.

Biology

The “hepatocyte specific” monoclonal antibody Hepatocyte Paraffin 1 (Hep-Par-1) was produced in mice using tissue from a failed allograft liver (Wennerberg et al, 1993). Although the target protein is unknown, the antibody has been established as a marker for normal and neoplastic hepatocytes. “Hepatocyte specific” binds to a mitochondrial membrane protein. In normal tissues, a strong “hepatocyte specific” immunostaining is seen in hepatocytes of the liver and to a lower and variable extent in epithelial cells of small intestine (weak to strong). A faint “hepatocyte specific” staining can also occur in syncytiotrophoblast cells of the early placenta. In cancer, a positive “hepatocyte specific” immunostaining is usually seen in tumors derived from hepatocytes but it can rarely also occur in other neoplasms, especially in tumors from the gastrointestinal tract.

Potential Research Applications

-A comprehensive study analyzing “hepatocyte specific” in various different tumor entities would be helpful to better assess the diagnostic impact of Hep-Par-1 staining.

Protocol Suggestions

Dilution: 1:150 ; pH 7,8 is optimal. Freshly cut sections should be used (less than 10 days between cutting and staining deteriorates staining intensity for most antibodies in IHC).

Limitations

This antibody is available for **research use only** and is not approved for use in diagnostics.

Warranty

There are no warranties, expressed or implied, which extend beyond this description. MSVA is not liable for any personal injury or economic loss resulting from this product.

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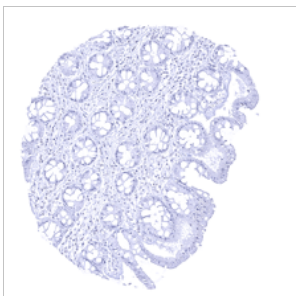
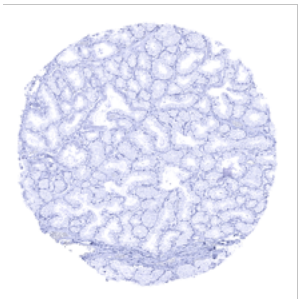
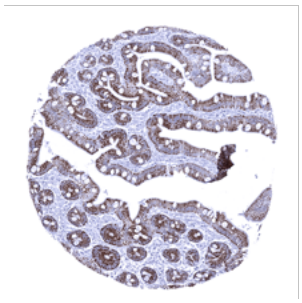


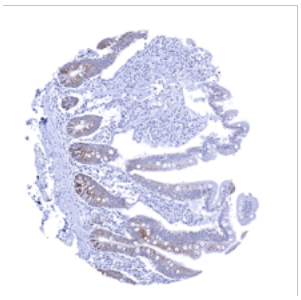
Colon descendens, mucosa - Hepatocyte immunostaining is absent in colorectal epithelial cells.



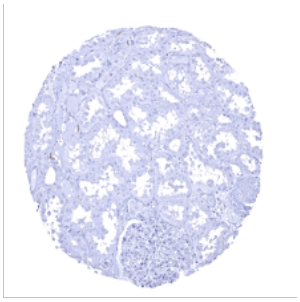
Duodenum, Brunner gland



Duodenum, mucosa - Moderate to strong Hepatocyte immunostaining in epithelial cells of the duodenum.

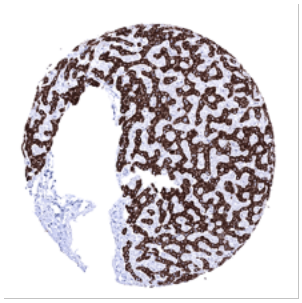


Ileum, mucosa - Weak Hepatocyte staining in epithelial cells of the ileum

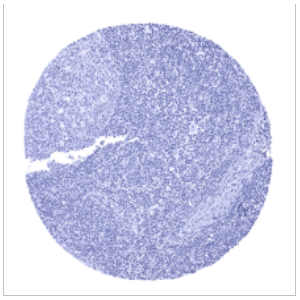


Kidney, cortex

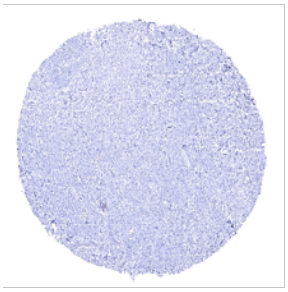
Liver - Hepatocyte staining is strong in all hepatocytes of the liver



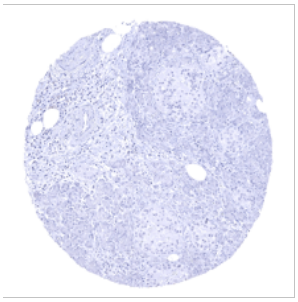
Liver - Strong Hepatocyte staining in hepatocytes while other structures of the liver remain negative.



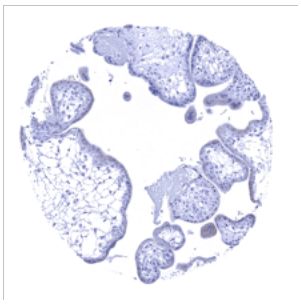
Lymph node



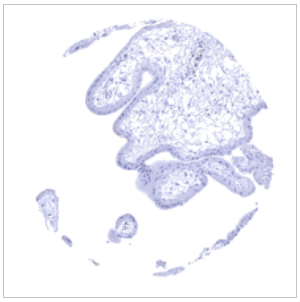
Ovary, stroma



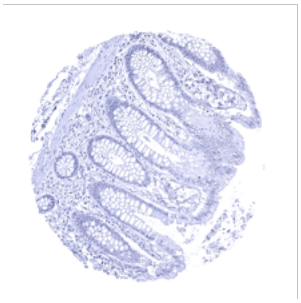
Pancreas



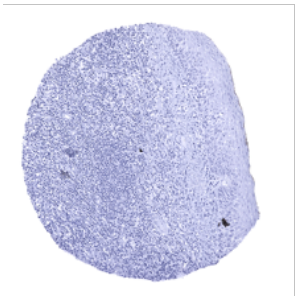
Placenta, early - A very faint Hepatocyte staining can be seen in some scyntiotrophoblast cells of the early placenta.



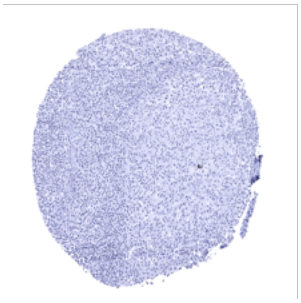
Placenta, early



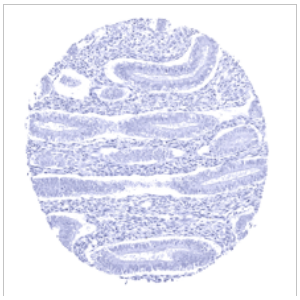
Rectum, mucosa - Hepatocyte immunostaining is absent in colorectal epithelial cells.



Tonsil, surface epithelium



Tonsil



Uterus, endometrium (secretion)