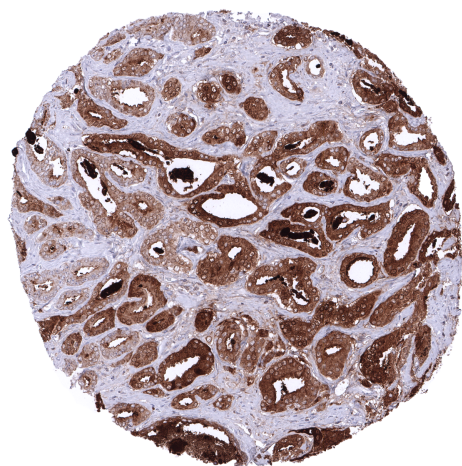


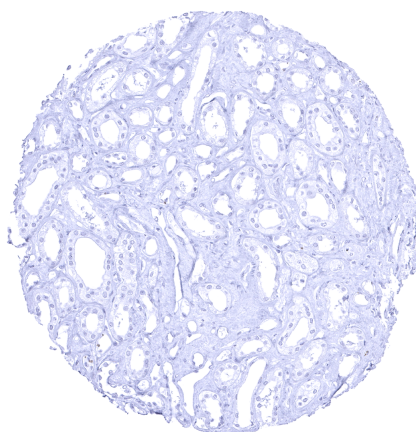
Anti- PSA Antibody MSVA-603R / Recombinant Rabbit monoclonal

Human SwissProt	P07288
Human Gene Symbol	KLK3
Synonyms	Antigen, prostate-specific (APS), Gamma-seminoprotein, hK3, Kallikrein related peptidase 3, Kallikrein-3 (KLK3), KLK2A1, P-30 antigen, Semenogelase, Semin
Specificity	PSA
Immunogen	Recombinant human KLK3 fragment
Isotype	Rabbit / IgG
Species Reactivity	Human
Localization	Cytoplasmic

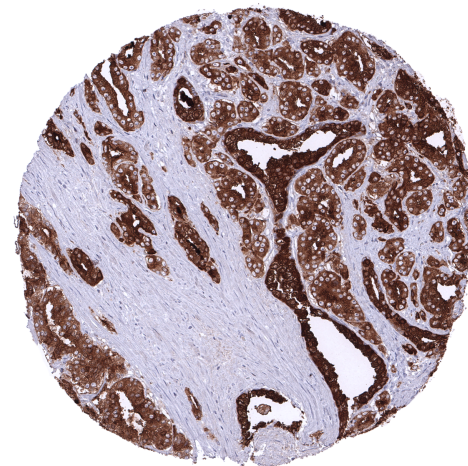
Storage & Stability	Antibody with azide – store at 2 to 8 C. Antibody without azide – store at -20 to -80 C. Antibody is stable for 24 months. Non-hazardous. No MSD required.
Supplied As	200ug/ml of Ab Purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available without BSA
Positive Control	The epithelial cells of the prostate glands must show an strong cytoplasmic staining. Due to leakage of the antigen in vicinity of the prostate glands, the stromal cells may display a weak to moderate staining reaction.
Negative Control	Colon: PSA immunostaining should be absent in all cells.



Prostate - Adenocarcinoma (Gleason 3+3=6) with strong PSA immunostaining of tumor cells



Kidney: Absence of PSA immunostaining



Prostate - Adenocarcinoma (Gleason 3+3=6) showing strong PSA positivity of tumor cells

Biology

Prostate specific antigen (PSA) is a proteinase coded by the KLK3 gene at 19q13.33. PSA is the most relevant protein for the management of men with suspected or diagnosed and treated prostate cancer. PSA is exclusively produced in prostate epithelial cells. It is secreted to the seminal fluid and plays a role for its liquefaction. Only minor quantities of PSA reach the blood stream. The serum PSA level is largely proportionate to the quantity of prostate epithelial cells in the body. An increased serum PSA level is the most common cause for prostate cancer suspicion and subsequent prostate biopsy. In men with diagnosed prostate cancer, serum PSA analysis is the most commonly used parameter to monitor disease progression, disease recurrence, and response to therapy. Among normal tissues, PSA immunostaining is only seen in prostatic epithelial cells. In cancer, PSA immunostaining is largely limited to prostatic adenocarcinoma.

Potential Research Applications

-The clinical significance of reduced expression of PSA in prostate cancers should be further investigated.

-The level of PSA expression (thought to be related to patient prognosis) might constitute an important parameter for multiparametric prostate cancer prognosis tests.

Protocol Suggestions

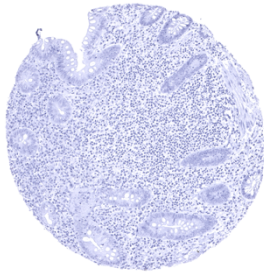
Dilution: 1:150 ; pH 7,8 is optimal. Freshly cut sections should be used (less than 10 days between cutting and staining deteriorates staining intensity for most antibodies in IHC).

Limitations

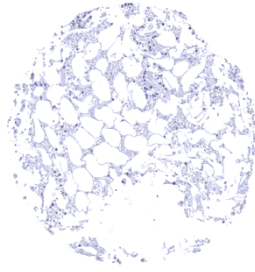
This antibody is available for **research use only** and is not approved for use in diagnostics.

Warranty

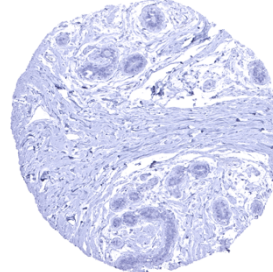
There are no warranties, expressed or implied, which extend beyond this description. MSVA is not liable for any personal injury or economic loss resulting from this product.



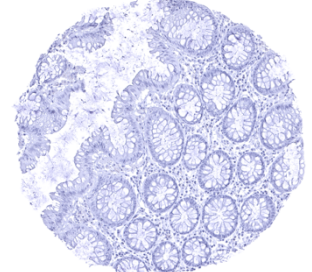
Appendix, mucosa



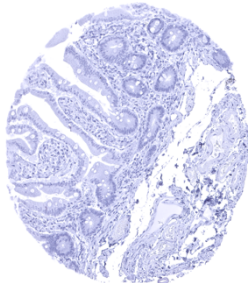
Bone marrow



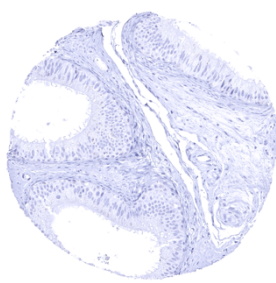
Breast



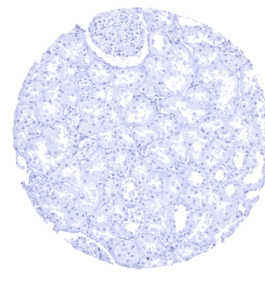
Colon descendens, mucosa



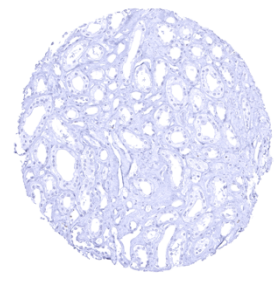
Duodenum, mucosa



Epididymis



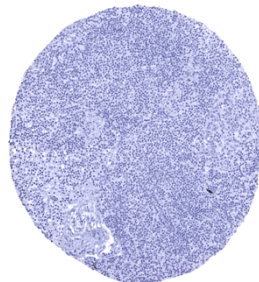
Kidney, cortex



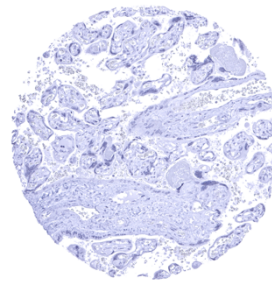
Kidney, medulla



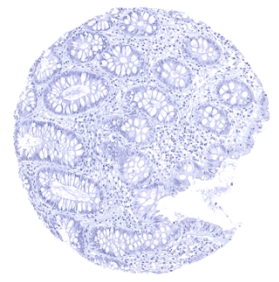
Lung



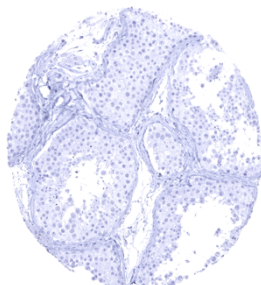
Lymph node



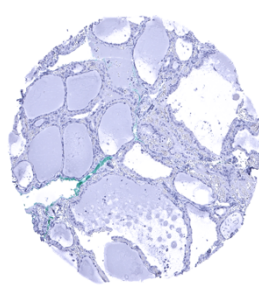
Placenta, mature



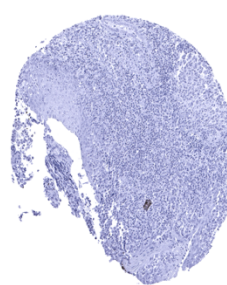
Rectum, mucosa



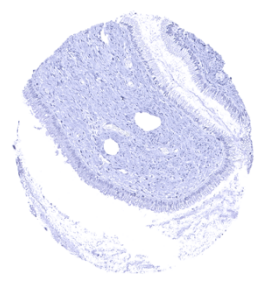
Testis



Thyroid gland



Tonsil



Uterus, endocervix