

RMAb anti-Human Prostein/P501S Monoclonal Antibody | anti-P501S antibody

Prostein/P501S RMAb

CATALOG # AAA59302	HOST RMAb	REACTIVITY Human	APPLICATIONS Immunohistochemistry
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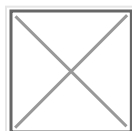
PRODUCT SYNONYMS

Prostein/P501S; Monoclonal Antibody; Prostein/P501S RMAb; anti-P501S antibody

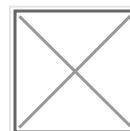
PRODUCT SPECIFICATIONS

Host	RMAb
Reactivity	Human
Clonality	Monoclonal
Isotype	IgG
Clone Number	ZR-9
Form/Format	Prostein / P501S is a rabbit monoclonal antibody derived from cell culture supernatant that is concentrated, dialyzed, filter sterilized and diluted in buffer pH 7.5, containing BSA and sodium azide as a preservative.
Applicable Applications for anti-P501S antibody	IHC (Immunohistochemistry)
Localization	Cytoplasmic
Control	Prostate, Prostatic Adenocarcinoma
Intended Use	This antibody is intended for use in Immunohistochemical applications on formalin-fixed paraffin-embedded tissues (FFPE), frozen tissue sections and cell preparations. Interpretation of results should be performed by a qualified medical professional.
Immunogen	Synthetic peptide corresponding to the N-terminus of human prostein.
Preparation and Storage	Store at 2 to 8 degree C in the dark.

IMAGES



IHC (Immunohistochemistry)
IHC of Prostein on an FFPE Prostate Tissue



Dilution Info

ADDITIONAL INFORMATION

Related Product Information for anti-P501S antibody	Prostein/ P501S also known as Solute Carrier Family 45 member 3 (SLC45A3) and prostate cancer-associated protein 6, is a protein that in humans is encoded by the SLC45A3 gene. Prostein is expressed in prostate-specific normal tissues and at a significantly lower level in prostate tumor cell lines, but not in any other normal or malignant tissue examined to date. Prostein is considered to be a good marker to demonstrate prostatic origin in metastatic prostate cancer. Prostatic origin has been traditionally confirmed in most cases by immunohistochemistry for prostate-specific antigen (PSA) and prostate-specific acid phosphatase (PSAP). In a small subset of high-grade prostate carcinomas, both markers are negative and therefore are not helpful for confirming prostatic origin. Prostein/P501S stain yields a perinuclear cytoplasmic (Golgi) distribution even in poorly differentiated tumors and metastases. In one study, two distant metastases were negative for PSA but retained focal weak positivity for Prostein/P501S. Two other distant metastases were weakly PSA positive, but strongly Prostein positive. Metastases in the pelvic lymph nodes were positive for both markers in 53 cases and 1 lymph node metastasis. In summary, 67 of the 69 cases (97%) of metastatic prostate carcinomas were PSA positive, whereas 68 of the 69 cases showed at least focal weak reactivity for Prostein (99%). None of the tumors were negative for both markers. Therefore, the Immunohistochemistry for P501S is a sensitive and highly specific marker for identifying prostate metastases. The large majority of metastatic prostatic adenocarcinomas are Prostein/P501S positive (99%). A small subset of metastatic prostatic adenocarcinoma shows significant differences in staining intensity and extent for PSA and Prostein/P501S and, therefore, the combined use of these markers may result in increased sensitivity for detecting prostatic origin.
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For Research Use Only. Not for use in diagnostic or therapeutic procedures. Small volumes of product may become entrapped in the seal of the vial during shipment and storage; if necessary, briefly centrifuge the vial on a tabletop centrifuge to dislodge any liquid in the cap.

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Online datasheet: <https://stage.aaabiotech.com/monoclonal/prostein-p501s-antibody-clone-zr-9-immunohistochemistry-elisa/59302>