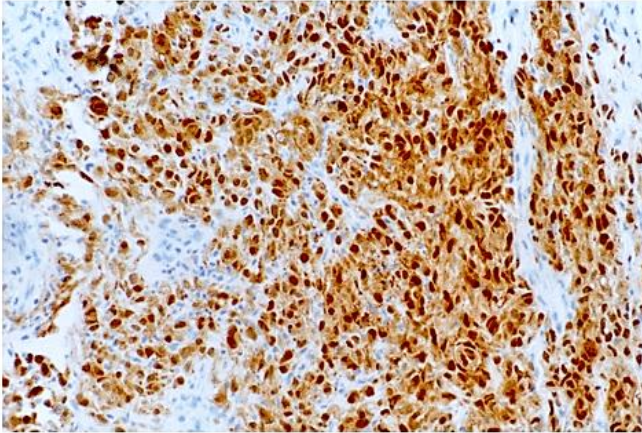




## Trust the Difference – Highly Definitive Antibodies for Diagnostic Confidence

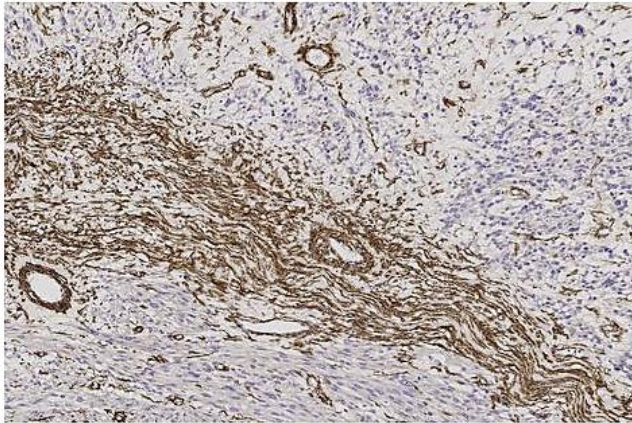
### Soft tissue IHC profile



S-100, polyclonal Human Lung, Metastatic Melanoma.

#### Antigen Background

S-100A and S-100B proteins are two members of the S-100 family of proteins. S-100A is composed of an alpha and beta chain, whereas S-100B is composed of two beta chains. S-100 protein is reported to be expressed in neuroectodermal tissue, including nerves and melanocytes. Langerhans cells in skin and interdigitating reticulum cells in the paracortex of lymph nodes are also reported to express S-100 protein. It is noteworthy that S-100 protein is highly soluble and may be eluted from frozen tissue during immunohistochemical procedures.



Human leiomyosarcoma immunohistochemical staining for smooth muscle actin using PA0943. Note cytoplasmic staining of smooth muscle of vascular elements and of tumor cells. Paraffin section.

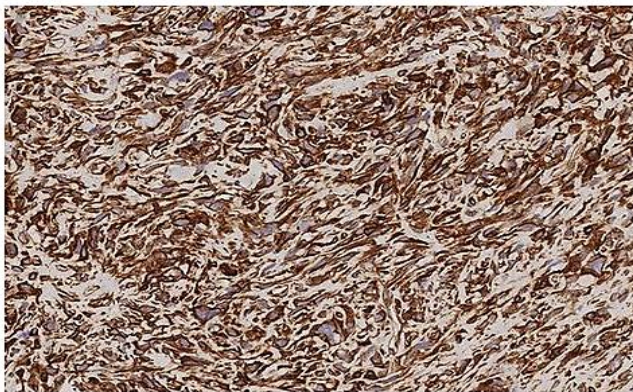
#### Antigen Background

Cytoplasmic actins are part of the microfilament system of cytoskeletal proteins. Smooth muscle actin is found in vascular walls, intestinal muscularis mucosae and muscularis propria and in the stroma of various tissues.

It is also reported to be expressed in myofibroblasts and myoepithelial cells, and antibodies to SMA are reported to be a useful tool for the identification of leiomyomas, leiomyosarcomas and pleomorphic adenomas.

#### Product Specific Information

Enzyme pretreatment may enhance staining in some cases.



Vimentin, clone V9, Spindle Cell Carcinoma.

#### Antigen Background

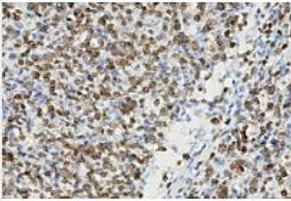
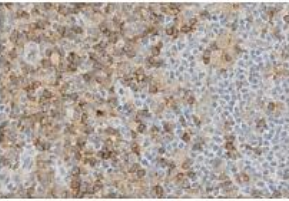
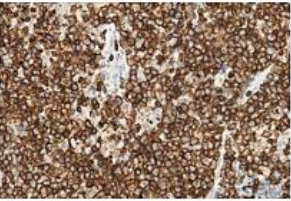
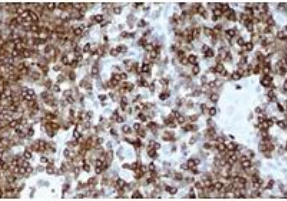
Eukaryotic cells contain a number of types of cytoplasmic filamentous proteins, microtubule, microfilaments and intermediate-sized filaments (IF). Vimentin, a 57 kD protein that is an intermediate filament is reported to be expressed in most cells of mesenchymal origin, including fibroblasts, endothelial cells, smooth muscle, melanocytes as well as T and B lymphocytes.


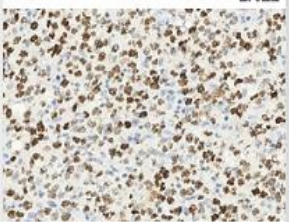
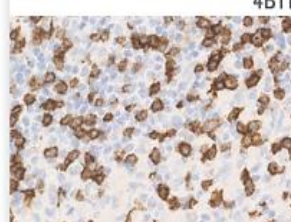
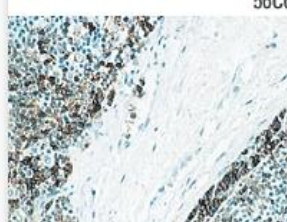


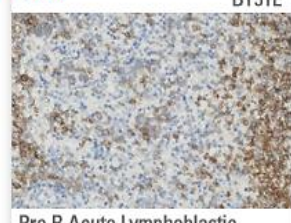
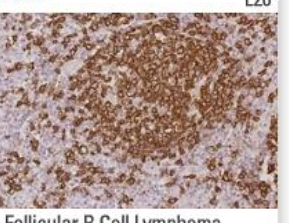
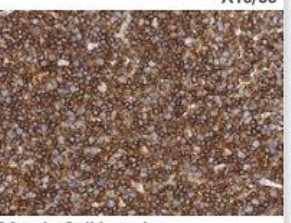
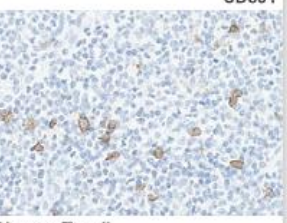


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Comprehensive Hematopathology

<p><b>CD3</b> Clone LN10</p>  <p><b>Human Lymph Node, T Cell Lymphoma</b></p> <p>Neoplastic cells show a moderate and distinct predominantly membrane staining reaction. Occasional plasma cells show a strong staining reaction.</p>	<p><b>CD4</b> Clone 4B12</p>  <p><b>T Cell Lymphoma</b></p> <p>Membrane staining of tumor cells.</p>	<p><b>CD5</b> Clone 4C7</p>  <p><b>T Cell Lymphoma</b></p> <p>Tumor cells show a strong membrane staining reaction.</p>	<p><b>CD7</b> Clone LP15</p>  <p><b>T Cell Lymphoma</b></p> <p>Intense membrane staining of tumor cells.</p>
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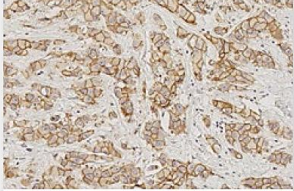
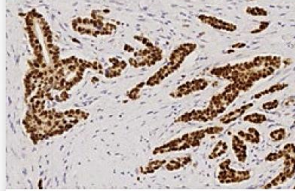
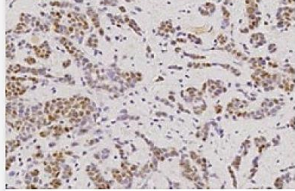
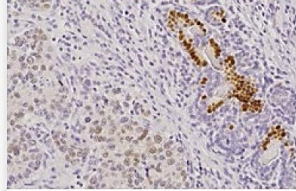
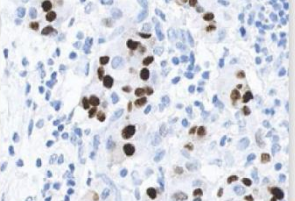
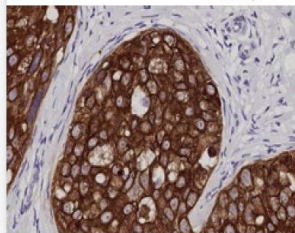
<p><b>Bcl-2 Oncoprotein</b> Clone Bcl-2/100/D5</p>  <p><b>Human Follicular Lymphoma</b></p> <p>Neoplastic cells show a moderate, predominantly cytoplasmic staining reaction.</p>	<p><b>Bcl-6 Oncoprotein</b> Clone LN22</p>  <p><b>Human Diffuse Large B Cell Lymphoma</b></p> <p>The majority of neoplastic cells show a moderate to strong nuclear staining reaction.</p>	<p><b>CD8</b> Clone 4B11</p>  <p><b>Human Lymph Node, T Cell Lymphoma</b></p> <p>Neoplastic cells show a moderate to strong, distinct membrane staining reaction.</p>	<p><b>CD10</b> Clone 56C6</p>  <p><b>Human Lymphoblastic Lymphoma</b></p> <p>Intense membrane staining of neoplastic lymphoid cells.</p>
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<p><b>CD19</b> Clone BT51E</p>  <p><b>Pre B Acute Lymphoblastic Lymphoma</b></p> <p>Neoplastic cells show a moderate to strong predominantly membrane staining reaction.</p>	<p><b>CD20</b> Clone L26</p>  <p><b>Follicular B Cell Lymphoma</b></p> <p>Follicular B cell lymphoma showing a strong membrane staining reaction.</p>	<p><b>CD45</b> Clone X16/99</p>  <p><b>Mantle Cell Lymphoma</b></p> <p>Intense membrane staining of malignant lymphocytes.</p>	<p><b>CD56</b> Clone CD564</p>  <p><b>Human Tonsil</b></p> <p>NK cells and CD4/CD8 double positive T cells show a weak to moderate and distinct membrane staining reaction while the majority of lymphocytes are unstained.</p>
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Trust the Difference – Highly Definitive Antibodies for Diagnostic Confidence

Full Range of Breast Pathology

<p><b>E-Cadherin</b> Clone 36B5</p>  <p><b>Invasive Breast Carcinoma</b> Clear membrane and cytoplasmic staining of tumor cells.</p>	<p><b>Estrogen Receptor</b> Clone 6F11</p>  <p><b>Invasive Ductal Carcinoma</b> <i>High Expressor</i> Intense nuclear staining in nearly 100% of tumor cells.</p>	<p><b>Estrogen Receptor</b> Clone 6F11</p>  <p><b>Invasive Ductal Carcinoma</b> <i>Moderate Expressor</i> Heterogeneous nuclear staining of approximately 50% of tumor cells.</p>	<p><b>Estrogen Receptor</b> Clone 6F11</p>  <p><b>Invasive Ductal Carcinoma</b> <i>Low Expressor</i> Weak heterogeneous nuclear staining of a proportion of tumor cells. Ductal cells staining strongly.</p>
<p><b>Progesterone Receptor</b> Clone 16</p>  <p><b>Breast Carcinoma</b> Nuclear staining in a proportion of tumor cells.</p>	<p><b>Multi-Cytokeratin</b> Clone AE1/AE3</p>  <p><b>Human Invasive Ductal Carcinoma Of Breast</b> Intense staining of malignant cells.</p>		

*And many more!!*