

Datasheet: NB-47-00697-200UG

Description:	MOUSE ANTI HUMAN PEPSINOGEN I	
Specificity:	PEPSINOGEN I	
Other names:	PG I	
Format:	Purified	
Product Type:	Monoclonal Antibody	
Clone:	8003 (99/12)	
Isotype:	lgG1	
Quantity:	0.2 mg	

Product Details

Applications

This product has been reported to work in the following applications. This information is derived from testing within our laboratories, peer-reviewed publications or personal communications from the originators.

	Yes	No	Not Determined	Suggested Dilution
Immunohistology - Frozen				
Immunohistology - Paraffin (1)	•			
ELISA	-			
Western Blotting			•	
Radioimmunoassays	•			

Where this product has not been tested for use in a particular technique this does not necessarily exclude its use in such procedures. Suggested working dilutions are given as a guide only. It is recommended that the user titrates the product for use in their own system using the appropriate negative/positive controls.

(1)*This product requires antigen retrieval using heat treatment prior to staining of paraffin sections. Sodium citrate buffer pH 6.0 is recommended for this purpose.

Target Species	Human
Product Form	Purified IgG - liquid
Preparation	Purified IgG prepared by affinity chromatography on Protein A
Buffer Solution	Phosphate buffered saline
Preservative Stabilisers	0.09% Sodium Azide (NaN3)

Approx. Protein Concentrations	IgG concentration 0.5 mg/ml
Immunogen	Purified human pepsinogen 1.
RRID	AB_2160770
Specificity	Mouse anti Human pepsinogen 1 antibody, clone 8003 recognizes human Pepsinogen I, a zymogen or proenzyme secreted by chief cells in the stomach. It is cleaved to form pepsin both in an autocatalytic fashion and by pepsin itself. In humans there are two related forms of pepsin, Pepsinogen I (also known as pepsinogen A), and Pepsinogen II (also known as Pepsinogen B or progastricsin).
	Mouse anti Human pepsinogen 1 antibody, clone 8003 has an affinity of 4 x 10^{10} l/mol human Pepsinogen I.
References	1. Ueyama, H. <i>et al.</i> (2010) Gastric adenocarcinoma of fundic gland type (chief cell predominant type): proposal for a new entity of gastric adenocarcinoma. <u>Am J Surg Pathol. 34: 609-19.</u>
	2. Genta, R.M. & Pusztaszeri, M. (2006) The gastric mucosa in gastric cancer patients in a low-incidence area. <u>Eur J Gastroenterol Hepatol. 18 (10): 1085-93.</u>
	3. Fujita, Y. <i>et al.</i> (2016) Incidence of lymphatic involvement in differentiated-type intramucosal gastric cancers as examined by endoscopic resection. Gastric Cancer. 19 (1): 192-7.
	4. Hidaka, Y. <i>et al.</i> (2013) Alteration in the Wnt/β-catenin signaling pathway in gastric neoplasias of fundic gland (chief cell predominant) type Hum Pathol. 44: 2438-48.
	5. Sakamoto, H. <i>et al.</i> (2011) Cell lineage dynamics in the process leading to intestinal metaplasia. J Gastroenterol. 46: 620-8.
	6. Nakajima, T. et al. (2016) Distribution of Lgr5-positive cancer cells in intramucosal gastric signet-ring cell carcinoma. Pathol Int. 66 (9): 518-23.
	7. Mamat O <i>et al.</i> (2016) Fundic gland differentiation of oncocytic/pancreatobiliary subtypes of pancreatic intraductal papillary mucinous neoplasms. <u>Histopathology. Mar 17.</u> [Epub ahead of print]
	8. Mitsuishi, T. <i>et al.</i> (2017) Clinicopathological characteristics of duodenal epithelial
	neoplasms: Focus on tumors with a gastric mucin phenotype (pyloric gland-type tumors). PLoS One. 12 (4): e0174985.
	9. Chiba, T. <i>et al.</i> (2016) Clinicopathological features of gastric adenocarcinoma of the fundic gland (chief cell predominant type) by retrospective and prospective analyses of endoscopic findings. Dig Endosc. 28 (7): 722-30.
	10. Nakajima, T. <i>et al.</i> (2016) Distribution of Lgr5-positive cancer cells in intramucosal gastric signet-ring cell carcinoma. Pathol Int. 66 (9): 518-23.

Storage

This product is shipped at ambient temperature. It is recommended to aliquot and store at -20°C on receipt. When thawed, aliquot the sample as needed. Keep aliquots at 2-8°C for short term use (up to 4 weeks) and store the remaining aliquots at -20°C.

Avoid repeated freezing and thawing as this may denature the antibody. Storage in frost-free freezers is not recommended.

Guarantee	12 months from date of despatch
Regulatory	For research purposes only

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