

PMS2 Antibody

Datasheet

For Research Use Only

Description	Catalog No.	Size
PMS2 Concentrate	FP-A038-01	0.1 ml
PMS2 Concentrate	FP-A038-10	1 ml
PMS2 Predilute	FP-A038-70	7 ml
PMS2 Predilute	FP-A038-250	25 ml

Description

Postmeiotic Segregation Increased 2 (PMS2) is a DNA repair protein involved in mismatch repair. Mutations and deficiencies in the PMS2 gene have been linked to microsatellite instability, and malignancies such as hereditary nonpolyposis colorectal cancer and endometrial cancer. Expression levels of the PMS2 protein may be useful as a screening tool for Lynch syndrome after a colorectal cancer diagnosis. Anti-PMS2 is recommended to be used as part of a panel along with antibodies against MLH1, MSH2, and MSH6.

Specifications

Clone	IHC412
Source	Mouse Monoclonal
Applications	IHC (P)
Formulation	Tris Buffer, pH 7.3 - 7.7, with 1% BSA and <0.1% Sodium Azide

IHC Procedure*

Positive Control Tissue	Colon
Dilution Range	1:50 – 1:200
Pretreatment	Perform heat-induced epitope retrieval (HIER) at pH for 10 to 30 minutes
Incubation Time and Temp	10 to 30 minutes at room temperature
Detection	Refer to the corresponding user manual for detection system

Result

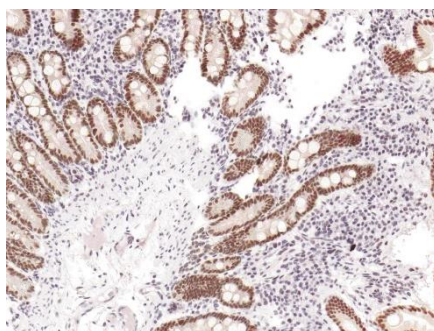


Figure PMS2 on Duodenum

Storage and Handling

Must store the reagent at 2-8 °C. Do not freeze. Do not use the reagent after expiration date on vial. To ensure proper stability and delivery of the antibody after each run, replace the cap and immediately place the bottle in a refrigerator in an upright position. Positive and negative controls should be simultaneously run with unknown specimens, as there are no conclusive characteristics to suggest instability of the antibody.

Precautions

The product is for research use only. Do not use for diagnosis purpose. Ensure proper handling procedures are used with all reagents. Always wear laboratory coats, disposable gloves, and other appropriate laboratory equipment when handling reagents. Do not ingest reagents, and avoid contact with eyes and mucous membranes. Wash eyes with copious amounts of water if contact occurs.

References

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6. **Gologan A**, et al. "Microsatellite instability and DNA mismatch repair deficiency testing in hereditary and sporadic gastrointestinal cancers." *Clin Lab Med*. 2005; 25:179-96.
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8. **Hendriks YM**, et al. "Heterozygous mutations in PMS2 cause hereditary nonpolyposis colorectal carcinoma (Lynch syndrome)." *Gastroenterology*. 2006; 130:312-22.
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14. **Shia J**, et al. “Immunohistochemistry as first-line screening for detecting colorectal cancer patients at risk for hereditary nonpolyposis colorectal cancer syndrome: a 2-antibody panel may be as predictive as a 4-antibody panel.” Am J Surg Pathol. 2009; 33:1639-45.
15. **Kets CM**, et al. “Unfavorable pathological characteristics in familial colorectal cancer with low-level microsatellite instability.” Mod Pathol. 2006; 19:1624-30.

Technical Support

Contact FemtoPath Technical Support at +886232338585 or email to femtopath@hongjing.com.tw for assistance with more questions regarding this product.