

KBA.62 (Melanoma Associated Antigen) Antibody

Datasheet

For Research Use Only

Description	Catalog No.	Size
KBA.62 (Melanoma Associated Antigen) Concentrate	FP-A061-01	0.1 ml
KBA.62 (Melanoma Associated Antigen) Concentrate	FP-A061-05	1 ml
KBA.62 (Melanoma Associated Antigen) Predilute	FP-A061-70	7 ml

Description

KBA.62, also known as Melanoma Associated Antigen, is used to detect an antigen present in melanocytic tumors, such as melanomas, due to its proven sensitivity and specificity. The antibody can also be used to distinguish between junctional nevus and intradermal nevus cells, and fetal melanocytes versus normal adult melanocytes. Studies have shown KBA.62 to be highly useful in differentiating between metastatic amelanotic melanoma and a number of poorly differentiated carcinomas, large cell lymphomas, sarcomas and spindle cell carcinomas.

Specifications

Clone	IHC062
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	Melanoma
Concetrated Dilution	1:50 – 1:200
Pretreatment	Perform heat-induced epitope retrieval (HIER) at pH 9 for 10 to 30 minutes
Incubation Time and Temp	10 to 30 minutes at room temperature
Detection	Refer to the detection system manual

*Result should confirmed by an established diagnostic procedure.

Result

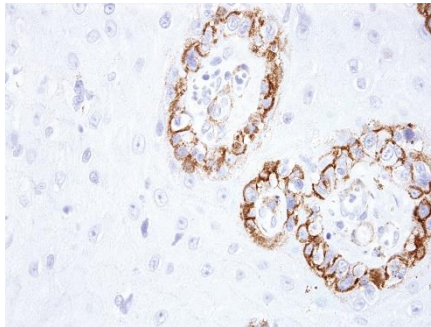


Figure. KBA.62 (Melanoma Associated Antigen)

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

1. **Kaufmann O**, et al. "Tyrosinase, melan-A, and KBA62 as markers for the immunohistochemical identification of metastatic amelanotic melanomas on paraffin sections." *Mod Pathol.* 1998 Aug;11(8):740-6.
2. **Gown AM**, et al. "Monoclonal antibodies specific for melanocytic tumors distinguish subpopulations of melanocytes." *A J Path.* 1986; 123:195.
3. **Kocan P**, et al. "Immunohistochemical study of melanocytic differentiation antigens in cutaneous malignant melanoma. A comparison of six commercial antibodies and one non-commercial antibody in nodular melanoma, superficially spreading melanoma and lentigo maligna melanoma." *Cesk Patol.* 2004; 40:50-6.
4. **Pagès C**, et al. "KBA.62: a useful marker for primary and metastatic melanomas." *Hum Pathol.* 2008; 39:1136-1142.



5. **Wick MR**, et al. “Immunohistochemical diagnosis of sinonasal melanoma, carcinoma, and neuroblastoma with monoclonal antibodies HMB-45 and anti-synaptophysin.” Arch Path Lab. 1988; 112:616-20.
6. **Cohen-Knafo E**, et al. “Production and characterisation of an antimelanoma monoclonal antibody KBA.62 using a new melanoma cell line reactive on paraffin wax embedded sections.” J Clin Pathol. 1995; 48:826-31.

Technical Support

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