

p63 Antibody

Datasheet For Research Use Only

Descripition Catalog No. Size p63 Concentrate FP-A067-01 0.1 ml p63 Concentrate FP-A067-05 1 ml p63 Predilute FP-A067-70 7 ml p63 Predilute FP-A067-250 25 ml

Description

p63 is a tumour suppressor protein that is very similar to p53 in structure and function, while being homologous to p73. p63 is important in development and differentiation, and has been identified as a useful marker for distinguishing between lung squamous cell carcinomas and adenocarcinomas. Anti-p63 is also used to differentiate between benign and malignant prostate and breast lesions, due to its labeling of the nuclei of myoepithelial cells in both tissue types.

Specifications

Clone	IHC063
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	Skin, Squamous Cell Carcinoma, Prostate
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

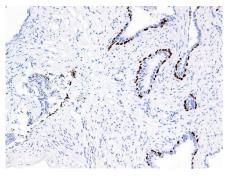


Figure. p63 on Prostate Cancer

Website : www.femtopath.comTel : +886 2 32338585E-mail : femtopath@hongjing.com.twFax : +886 2 32338686Address : 5F., No.172, Sec. 1, Zhongshan Rd., Yonghe Dist., New Taipei City 234, Taiwan (R.O.C)

For Research Use Only



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. **Yang A**, et al. "p63, a p53 homolog at 3q27-29, encodes multiple products with transactivating, deathinducing, and dominant-negative activities." Mol Cell. 1998 Sep;2(3):305-16.
- **2. Signoretti S**, et al. "p63 is a prostate basal cell marker and is required for prostate development." Am J Pathol. 2000 Dec;157(6):1769-75.
- **3.** Yang A, et al. "p63 is essential for regenerative proliferation in limb, craniofacial and epithelial development." Nature. 1999 Apr 22;398(6729):714-8.
- **4.** Barbareschi M, et al. "p63, a p53 homologue, is a selective nuclear marker of myoepithelial cells of the human breast." Am J Surg Pathol. 2001 Aug;25(8):1054-60.
- **5.** Werling RW, et al. "Immunohistochemical distinction of invasive from noninvasive breast lesions: a comparative study of p63 versus calponin and smooth muscle myosin heavy chain." Am J Surg Pathol. 2003 Jan;27(1):82-90.
- **6.** Shah RB, et al. "Comparison of the basal cell-specific markers, 34betaE12 and p63, in the diagnosis of prostate cancer." Am J Surg Pathol. 2002 Sep;26(9):1161-8.
- **7.** Lo Iacono M, et al. "p63 and p73 isoform expression in non-small cell lung cancer and corresponding morphological normal lung tissue." J Thorac Oncol. 2011 Mar;6(3):473-81.
- Mukhopadhyay S, et al. "Subclassification of non-small cell lung carcinomas lacking morphologic differentiation on biopsy specimens: Utility of an immunohistochemical panel containing TTF-1, napsin A, p63, and CK5/6." Am J Surg Pathol. 2011 Jan;35(1):15-25.
- **9.** Conde E, et al. "The use of P63 immunohistochemistry for the identification of squamous cell carcinoma of the lung." PLoS One. 2010 Aug 17;5(8):e12209.
- Uke M, et al. "The use of p63 as an effective immunomarker in the diagnosis of pulmonary squamous cell carcinomas on de-stained bronchial lavage cytological smears." Cytopathology. 2010 Feb;21(1):56-63.



Technical Support

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