

Progesterone Receptor Antibody

Datasheet

For Research Use Only

Description	Catalog No.	Size
Progesterone Receptor Concentrate	FP-A091-01	0.1 ml
Progesterone Receptor Concentrate	FP-A091-10	1 ml
Progesterone Receptor Predilute	FP-A091-70	7 ml
Progesterone Receptor Predilute	FP-A091-250	25 ml

Description

Progesterone Receptor (PR), also known as NR3C3 (Nuclear Receptor Subfamily 3, Group C, Member 3), is an intracellular steroid receptor which mediates the physiological effects of progesterone, a female sex hormone involved in the menstrual cycle, pregnancy, and embryogenesis. Progesterone receptor expression has been linked to the prediction of prognosis in breast cancer, as well as associated responses to endocrine therapy. The progesterone receptor has also been linked to risk for ovarian cancer.

Specifications

Clone	IHC651
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	Breast, Breast Carcinoma
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

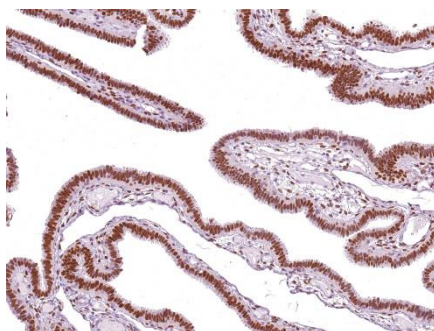


Figure. Progesterone Receptor on Fallopian Tube.

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. **Terry KL**, et al. "Genetic variation in the progesterone receptor gene and ovarian cancer risk." *Am J Epidemiol.* 2005 Mar 1;161(5):442-51.
2. **Qiu J**, et al. "Effect of delayed formalin fixation on estrogen and progesterone receptors in breast cancer: a study of three different clones." *Am J Clin Pathol.* 2010 Nov;134(5):813-9.
3. **Arihito K**, et al. "Comparison of evaluations for hormone receptors in breast carcinoma using two manual and three automated immunohistochemical assays." *Am J Clin Pathol.* 2007 Mar;127(3):356-65.
4. **Press M**, et al. "Comparison of different antibodies for detection of progesterone receptor in breast cancer." *Steroids.* 2002 Aug;67(9):799-813.
5. **Mote P**. "Detection of progesterone receptor forms A and B by immunohistochemical analysis." *J Clin Pathol.* 2001 Aug;54(8):624-30.
6. **Bevitt D**, et al. "New monoclonal antibodies to oestrogen and progesterone receptors effective for paraffin section immunohistochemistry." *J Pathol.* 1997 Oct;183(2):228-32.
7. **Tesch M**, et al. "Immunohistochemical determination of estrogen and progesterone receptor status in breast cancer." *Am J Clin Pathol.* 1993 Jan;99(1):8-12.
8. **Clarke CL**, et al. "Monoclonal antibodies to human progesterone receptor: characterization by biochemical and immunohistochemical techniques." *Endocrinology.* 1987 Sep;121(3):1123-32.
9. **Feil PD**, et al. "Progestin-mediated changes in progesterone receptor forms in the normal human endometrium." *Endocrinology.* 1988 Nov;123(5):2506-13..

Technical Support

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