

PSAP Antibody

Datasheet

For Research Use Only

Description	Catalog No.	Size
PSAP Concentrate	FP-A041-01	0.1 ml
PSAP Concentrate	FP-A041-10	1 ml
PSAP Predilute	FP-A041-70	7 ml

Description

Prostatic Specific Acid Phosphatase (PSAP) is a prostatic enzyme found in the glandular epithelium of the prostate. PSAP levels are elevated in hyperplastic prostate and prostate carcinoma, with the highest levels being detected in metastasized prostate cancer. Moderate overexpression of PSAP is also characteristic of diseases of the bone (such as Paget's disease or hyperparathyroidism), diseases of blood cells (such as sickle-cell disease), multiple myeloma, or lysosomal storage diseases (such as Gaucher's disease). PSAP is considered more sensitive, yet less specific, than PSA, however Anti-PSAP can act as a useful complement to Anti-PSA under suitable clinical contexts.

Specifications

Clone	IHC655
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	Prostate, Prostate Adenocarcinoma
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

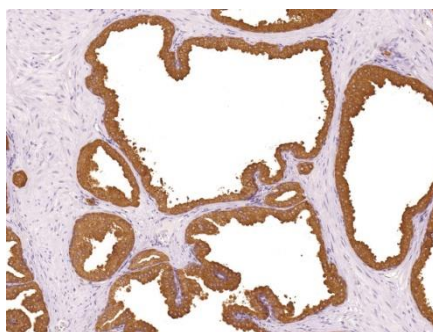


Figure. PSAP on Prostate

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. **Ansari MA**, et al. “Diagnosis of carcinoid-like metastatic prostatic carcinoma by an immunoperoxidase method.” *Am J Clin Path.* 1981; 76:94-8.
2. **Nadji M**, et al. “Immunohistochemistry of prostatic acid phosphatase.” *Ann N Y Acad Sci.* 1982; 390:133-41.
3. **Kimura N**, et al. “Prostate-specific acid phosphatase in carcinoid tumors.” *Virchows Arch A Pathol Anat Histopathol.* 1986; 410:247-51.
4. **Kidwai N**, et al. “Kidwai N, et al. *Breast Cancer Res.* 2004; 6:R18-23.” *Breast Cancer Res.* 2004; 6:R18-23.
5. **Kuroda N**, et al. “Prostatic signet-ring cell carcinoma: case report and literature review.” *Pathol Int.* 1999; 49:457-61.
6. **Elgamal AA**, et al. “Immunohistochemical localization of prostate-specific markers within the accessory male sex glands of Cowper, Littre, and Morgagni.” *Urology.* 1994; 44:84-90.
7. **Gatalica Z**, et al. “Immunohistochemical localization of prostate-specific antigen in ductal epithelium of male breast. Potential diagnostic pitfall in patients with gynecomastia.” *Appl Immunohistochem Mol Morphol.* 2000; 8:158-61.
8. **Genega EM**, et al. “Immunophenotype of high-grade prostatic adenocarcinoma and urothelial carcinoma.” *Mod Pathol.* 2000; 13:1186-91.
9. **Green LK**, et al. “The use of immunohistochemistry in metastatic prostatic adenocarcinoma to the breast.” *Hum Pathol.* 1991; 22:242-6.

Technical Support

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