

Thyroglobulin Antibody

Datasheet

For Research Use Only

Description	Catalog No.	Size
Thyroglobulin Concentrate	FP-A048-01	0.1 ml
Thyroglobulin Concentrate	FP-A048-10	1 ml
Thyroglobulin Predilute	FP-A048-70	7 ml

Description

Thyroglobulin is a precursor to the thyroid hormones T4 and T3 and is present in the thyroid follicular cells. Nearly all thyroid follicular carcinomas stain for thyroglobulin and sometimes produce a focal staining pattern. Conversely, poorly differentiated carcinomas and non-thyroid adenocarcinomas do not stain for thyroglobulin, therefore this Thyroglobulin IVD antibody is a useful diagnostic tool for recognizing papillary and follicular thyroid carcinomas. A panel of Anti-Thyroglobulin and Anti-Calcitonin is useful for identifying medullary thyroid carcinomas, whereas a panel of Anti-Thyroglobulin and Anti-TTF1 is useful for distinguishing between primary thyroid and lung neoplasms.

Specifications

Clone	IHC674
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	Thyroid
Dilution Range	1:100 – 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 should confirmed by an established diagnostic procedure.

Result

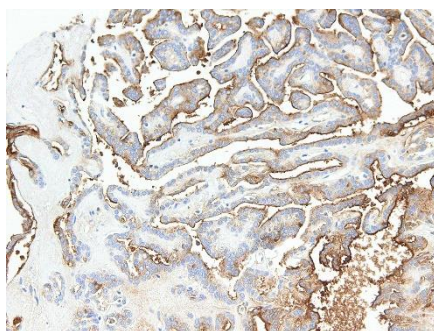


Figure. Thyroglobulin on Thyroid Cancer

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. **Bellet D**, et al. “Production and in vitro utilization of monoclonal antibodies to human thyroglobulin.” *J Clin Endocrin Metab.* 1983; 56:530-3.
2. **Heffess CS**, et al. “Metastatic renal cell carcinoma to the thyroid gland: a clinicopathologic study of 36 cases.” *Cancer.* 2002; 95:1869-78.
3. **Bejarano PA**, et al. “Thyroid transcription factor-1, thyroglobulin, cytokeratin 7, and cytokeratin 20 in thyroid neoplasms.” *Appl Immunohistochem Mol Morphol.* 2000; 8:189-94.
4. **Judkins AR**, et al. “Utility of immunohistochemistry in the evaluation of necrotic thyroid tumors.” *Hum Pathol.* 1999; 30:1373-6.
5. **Hammer SP**. “Metastatic adenocarcinoma of unknown primary origin.” *Hum Pathol.* 1998; 29:1393-402.

Technical Support

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