

## CEA Antibody

### Datasheet

For Research Use Only

Description	Catalog No.	Size
CEA Concentrate	FP-A055-01	0.1 ml
CEA Concentrate	FP-A055-05	1 ml
CEA Predilute	FP-A055-70	7 ml

### Description

Carcinoembryonic Antigen (CEA) describes a set of glycoposphatidyl inositol and transmembrane cell surface-anchored glycoproteins involved in cell adhesion, differentiation, anoikis, polarization, and tissue architecture. CEA staining, along with Calretinin, CK 5/6, D2-40, HBME-1, Napsin A, MOC-31, and Ber-EP4, is used to help differentiate between adenocarcinoma and mesothelioma. Staining with Anti-CEA is also suggested to be useful in identifying the origin of metastatic adenocarcinoma. CEA is an effective marker for adenocarcinomas of the lung, colon, stomach, esophagus, pancreas, gallbladder, urachus, salivary gland, ovary, and endocervix.

### Specifications

Clone	IHC543
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	Colon Adenocarcinoma, Colon Mucosa
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

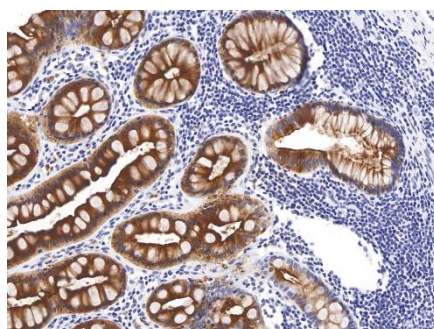


Figure. CEA on on Rectum.

## 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. **Obrink B.** "Specific detection of CD56 (NCAM) isoforms for the identification of aggressive malignant neoplasms with progressive development." *Curr Opin Cell Biol.* 1997 Oct;9(5):616-26.
2. **Screaton RA.** "Carcinoembryonic antigen, a human tumor marker, cooperates with Myc and Bcl-2 in cellular transformation." *J Cell Biol.* 1997 May 19;137(4):939-52.
3. **Duffy MJ.** "Carcinoembryonic antigen as a marker for colorectal cancer: is it clinically useful?" *Clin Chem.* 2001 Apr;47(4):624-30.
4. **Sanders DS, et al.** "Classification of CEA-related positivity in primary and metastatic malignant melanoma." *J Pathol.* 1994 Apr;172(4):343-8.
5. **Bhatnagar J, et al.** "Immunohistochemical detection of carcinoembryonic antigen in esophageal carcinomas: a comparison with other gastrointestinal neoplasms." *Anticancer Res.* 2002 May-Jun;22(3):1849-57.
6. **Lagendijk JH, et al.** "Immunohistochemical differentiation between primary adenocarcinomas of the ovary and ovarian metastases of colonic and breast origin. Comparison between a statistical and an intuitive approach." *J Clin Pathol.* 1999 Apr;52(4):283-90.
7. **Abutaily AS, et al.** "Immunohistochemistry in the distinction between malignant mesothelioma and pulmonary adenocarcinoma: a critical evaluation of new antibodies." *J Clin Pathol.* 2002 Sep;55(9):662-8.

## Technical Support

Contact FemtoPath Technical Support at +886232338585 or email to [femtopath@hongjing.com.tw](mailto:femtopath@hongjing.com.tw) for questions regarding this product.