

MSH6 Antibody

Datasheet

For Research Use Only

Description	Catalog No.	Size
MSH6 Concentrate	FP-A084-01	0.1 ml
MSH6 Concentrate	FP-A084-10	1 ml
MSH6 Predilute	FP-A084-70	7 ml
MSH6 Predilute	FP-A084-250	25 ml

Description

MutS Homolog 6 (MSH6) is a protein involved in the mismatch repair pathway. This protein is commonly associated with hereditary non-polyposis colorectal cancer, and mutations in this gene are correlated with the development of sporadic colorectal carcinoma. Studies have shown that mutations in MSH6, when co-indicated with mutations in MSH1 and MSH2, contribute to the development of sporadic colorectal carcinoma. Use of Anti-MSH2 is optimized when paired with MSH6, MLH1, and PMS2 in an IHC panel.

Specifications

Clone	IHC006
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, Colon 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

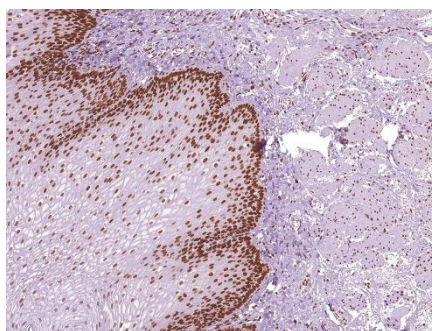


Figure. MSH6 on Esophagus

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. **Lagerstedt Robinson K**, et al. “Lynch syndrome (hereditary nonpolyposis colorectal cancer) diagnostics.” *J Natl Cancer Inst.* 2007 Feb 21;99(4):291-9.
2. **Niessen RC**, et al. “Identification of mismatch repair gene mutations in young patients with colorectal cancer and in patients with multiple tumours associated with hereditary non-polyposis colorectal cancer.” *Gut.* 2006 Dec;55(12):1781-8. Epub 2006 Apr 24.
3. **Hansen TP**, et al. “Optimization of antibodies for detection of the mismatch repair proteins MLH1, MSH2, MSH6, and PMS2 using a biotin-free visualization system.” *Appl Immunohistochem Mol Morphol.* 2006 Mar;14(1):115-21.
4. **Lawes DA**, et al. “The role of MLH1, MSH2 and MSH6 in the development of multiple colorectal cancers.” *Br J Cancer.* 2005 Aug 22;93(4):472-7.
5. **Stormorken AT**, et al. “Immunohistochemistry identifies carriers of mismatch repair gene defects causing hereditary nonpolyposis colorectal cancer.” *J Clin Oncol.* 2005 Jul 20;23(21):4705-12.
6. **Rigau V**, et al. “Microsatellite instability in colorectal carcinoma. The comparison of immunohistochemistry and molecular biology suggests a role for hMSH6 [correction of hMLH6] immunostaining.” *Arch Pathol Lab Med.* 2003 Jun;127(6):694-700.
7. **Renkonen E**, et al. “Altered expression of MLH1, MSH2, and MSH6 in predisposition to hereditary nonpolyposis colorectal cancer.” *J Clin Oncol.* 2003 Oct 1;21(19):3629-37.

Technical Support

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