CD68 (Macrophage Marker) Ab-3 (Clone KP1)

Mouse Monoclonal Antibody

Cat. #MS-397-P0, -P1, or –P (0.1ml, 0.5ml, or 1.0ml at 200µg/ml) (Purified Ab with BSA and Azide)
Cat. #MS-397-P1ABX or -PABX (0.1ml or 0.2ml at 1.0mg/ml) (Purified Ab without BSA and Azide)
Cat. #MS-397-R7 (7.0ml) (Ready-to-Use for Immunohistochemistry)
Cat. #MS-397-RQ (12.0ml) (Ready-to-Use for Immunohistochemistry)
Cat. #MS-397-PCS (5 Slides) (Positive Control for Histology)

**Description:** CD68 is expressed on macrophages and monocytes.

**Comments:** Ab-3 is important for identifying macrophages in tissue sections. It stains macrophages in a wide variety of human tissues, including Kupffer cells and macrophages in the red pulp of the spleen, in lamina propria of the gut, in lung alveoli, and in bone marrow. Ab-3 reacts with myeloid precursors and peripheral blood granulocytes. It also reacts with plasmacytoid T cells which are supposed to be of monocyte/macrophage origin. It shows strong granular cytoplasmic staining of chronic and acute myeloid leukemia and also reacts with rare cases of true histiocytic neoplasia. Tumors of lymphoid origin are usually not stained.

**Mol. Wt. of Antigen:** 110kDa

**Epitope:** Not determined

**Species Reactivity:** Human, Monkey, Cat, and Rat. Does not react with pig, dog, and chicken.

**Clone Designation:** KP1

**Ig Isotype / Light Chain:** IgG1 / κ

**Immunogen:** Subcellular fraction of human alveolar macrophages

**Applications and Suggested Dilutions:**
- **Immunohistology (formalin/paraffin)**
  - Use Ab 1:200-400 for 20 min at RT using LP Detection System
  * [For staining of formalin-fixed tissues, digest sections with Protease XXV at 1mg/ml PBS for 5 minutes at 37°C (Cat. #AP-9006)]
- **Immunohistology (formalin/paraffin)**
  - Use Ab 1:6000 for 20 min at RT using UltraVision Quanto Detection Systems
  * [Staining of formalin-fixed tissues requires boiling tissue sections in 10mM citrate buffer, pH 6.0 for 10-20 min followed by cooling at RT for 20 min.]

**Positive Control:** Tonsil, lymph node, or spleen

**Cellular Localization:** Cytoplasmic

**Storage and Stability:**
Ab with sodium azide is stable for 24 months when stored at 2-8°C. Antibody WITHOUT sodium azide is stable for 36 months when stored at below 0°C.

**Supplied As:**
- 200µg/ml antibody purified from the ascites fluid by Protein G chromatography. Prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide. Also available without BSA and azide at 1mg/ml,
- Prediluted antibody which is ready-to-use for staining of formalin-fixed, paraffin-embedded tissues.

**Key References:**

**Limitations and Warranty:**
Our products are intended FOR RESEARCH USE ONLY and are not approved for clinical diagnosis, drug use or therapeutic procedures. No products are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our data sheets and website. Our warranty is limited to the actual price paid for the product. Lab Vision is not liable for any property damage, personal injury, time or effort or economic loss caused by our products.

**Material Safety Data:**
This product is not licensed or approved for administration to humans or to animals other than the experimental animals. Standard Laboratory Practices should be followed when handling this material. The chemical, physical, and toxicological properties of this material have not been thoroughly investigated. Appropriate measures should be taken to avoid skin and eye contact, inhalation, and ingestion. The material contains 0.09% sodium azide as a preservative. Although the quantity of azide is very small, appropriate care should be taken when handling this material as indicated above. The National Institute of Occupational Safety and Health has issued a bulletin citing the potential explosion hazard due to the reaction of sodium azide with copper, lead, brass, or solder in the material.
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Please note this data sheet has been changed effective April 30, 2012

For Research Use Only

Additional Key References:
4. Ono T; Muso E; Suyama K; Oyama A; Matsushima H; Yashiro M; Kuwahara T; Yoshida H; Kanatsu K; Sasayama S. Intraglomerular deposition of intact cross-linked fibrin in IgA nephropathy and Henoch-Schönlein purpura nephritis. Nephron, 1996, 74(3):522-8.
17. Horny HP; Wehrmann M; Steinke B; Kaiserling E. Assessment of the value of immunohistochemistry in the subtyping of acute leukemia on routinely processed bone marrow biopsy specimens with
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43. Avellini C; Alampi G; Cocchi V; Morrilli MG; Leone O; Sabattini E; Pileri S; Piccaluga A. Acute idiopathic interstitial giant cell myocarditis. A histological and immunohistochemical study of a case. Pathologica, 1991 Mar-Apr, 83(1084):229-35.