CEA / CD66e Ab-2
Rabbit Polyclonal Antibody
Cat. #RB-368-A0, -A1, or -A (0.1ml, 0.5ml, or 1.0ml) (Purified Ab with BSA and Azide)
Cat. #RB-368-R7 (7.0ml) (Ready-to-Use for Immunohistochemistry)
Cat. #RB-368-RQ (12.0ml) (Ready-to-Use for Immunohistochemistry)
Cat. #RB-368-PCS (5 Slides) (Positive Control for Histology)
Cat. #RB-368-PCL (0.1ml) (Positive Control for Western Blot)

Please note this data sheet has been changed effective July 11, 2012

Description: carcinoembryonic antigen (CEA), is synthesized during development in the fetal gut, and is re-expressed in increased amounts in intestinal carcinomas and several other tumors. Antibody to CEA is reportedly useful in identifying the origin of various metastatic adenocarcinomas and in distinguishing pulmonary adenocarcinomas (60-70% are CEA+) from pleural mesotheliomas (rarely or weakly CEA+).

Comments: Ab-2 reacts with CEA and CEA-like proteins such as non-specific cross-reacting antigen (NCA), NCA2, and biliary glycoprotein (BGP1). This PAb has been absorbed with plasma proteins and blood group antigens A and B.

Mol. Wt. of Antigen: 180kDa


Immunogen: Human CEA isolated from hepatic metastasis of colon adenocarcinoma.

Applications and Suggested Dilutions:
- Immunoprecipitation (Native and denatured) (Use Protein A) (Ab 10µl/mg protein lysate)
- Western Blotting (Ab 1:200 for 2hrs at RT)
- Immunohistochemistry (Formalin/paraffin)

Use Ab 1:250 to 1:500 20 min at RT using LP Detection System.
* [No special pretreatment is required for the immunohistochemistry of formalin/paraffin tissues.]
Use Ab 1:500 for 20 min at RT using UltraVision Quanto Detection Systems
The optimal dilution for a specific application should be determined by the investigator.

Positive Control: LS174T cells or colon carcinoma

Cellular Localization: Cytoplasmic and luminal membrane

Storage and Stability: Store vial at 4°C. When stored at 2-8°C, this antibody is stable for 24 months.

Supplied As:
- Purified antibody fraction from rabbit anti-serum. Prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide, or
- Prediluted antibody which is ready-to-use for staining of formalin-fixed, paraffin-embedded tissues.

Suggested 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 plumbing systems. Sodium azide forms hydrazoic acid in acidic conditions and should be discarded in a large volume of running water to avoid deposits forming in metal drainage pipes.

For Research Use Only
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Additional Suggested References:
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13. Esteban JM; Felder B; Ahn C; Simpson JF; Battifora H; Shively JE. Prognostic relevance of carcinoembryonic antigen and estrogen receptor status in breast cancer patients [see comments]. Cancer, 1994 Sep 1, 74(5):1575-83.
14. Furukawa T; Chiba R; Kobari M; Matsuno S; Nagura H; Takahashi T. Varying grades of epithelial atypia in the pancreatic ducts of humans. Classification based on morphometry and multivariate analysis and correlated with positive reactions of carcinoembryonic antigen [see comments]. Archives of Pathology and Laboratory Medicine, 1994 Mar, 118(3):227-34.
15. Ikeda Y; Kuwano H; Ikebe M; Baba K; Toh Y; Adachi Y; Sugimachi K. Immunohistochemical detection of CEA, CA19-9, and DF3 in esophageal carcinoma limited to the submucosal layer. Journal of Surgical Oncology, 1994 May, 56(1):7-12.
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