

Anti-Ki-67 / DIA-670

Mouse monoclonal anti-cell proliferation marker Ki-67, Clone Ki-67P

Product Information

Catalog No.:	DIA-670-P1 (1000µl) DIA-670-P05 (500µl) DIA-670-M (100µl sample)	Reconstitution:	DIA-670-P1 restore to 1000µl DIA-670-P05 restore to 500µl DIA-670-M restore to 100µl Reconstitute with sterile distilled water by gentle shaking for 10 minutes
Clone:	Ki-67P	Presentation:	Purified antibody in PBS with 2% BSA, 0.05% NaN ₃ , Immunohistochemistry (IHC)
Isotype:	Mouse IgG1	Application:	(standard formalin-fixed paraffin sections)
Specificity:	Human Ki-67/MIB1	Dilution:	1:100-200 IHC (General recommendation, validation of antibody performance/protocol is the responsibility of the end user. Positive/negative controls should be run simultaneously with patient specimen. Interpretation must be made by a qualified pathologist within the context of patient's clinical history/other diagnostic tests.)
Immunogen:	Fusion protein		
Physical State:	Lyophilized powder		
Species			
Reactivity:	Human		
Positive Control:	Tonsil, breast and prostate carcinoma		
Negative Control:	Kidney, liver, pancreas, brain		
Vizualization:	Nuclear		

Reactivity

Ki-67/MIB1 has been established as the reference marker for assessing cellular proliferation in tumour cells. The antibody identifies actively dividing cells at all stages of the cell cycle (late G1, S, M and G2 phases), but does not recognize cells in G0 phase. In diagnostic histopathology, Ki-67 has been used as a marker for cell proliferation of solid tumors and some hematological malignancies. A correlation has been demonstrated between Ki-67 index and the histopathological grade of neoplasms.

Instructions for Use

Immunohistochemical staining of standard formalin-fixed paraffin sections

Deparaffinize and rehydrate according to standard procedures. Heat induced epitope retrieval (HIER) is required. For immunohistochemical detection different techniques can be used: indirect immunoenzyme labeling with a secondary antibody conjugate, biotin/(strept)avidin-based detection, soluble enzyme immune complex or polymer-based detection. The antibody can be adapted for use on automated staining instruments.

Intended use / regulatory status

Europe: For in Vitro Diagnostic Use / All other countries: For Research Use only









Storage and Stability

The antibody in lyophilised form is stable for at least one year (-20°C). As reconstituted liquid store at 2-8°C short term (several weeks). For long term storage aliquot and freeze at -20°C or -80°C. Avoid repeated freeze / thaw cycles.

Safety Notes

The material contains 0.05% sodium azide as preservative. Although the quantity of azide is very small, appropriate care should be taken when handling this material. Avoid skin and eye contact, inhalation, and ingestion.

Symbols

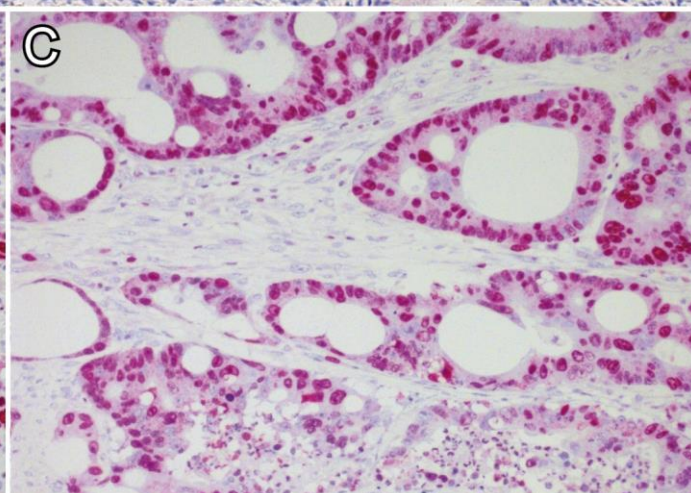
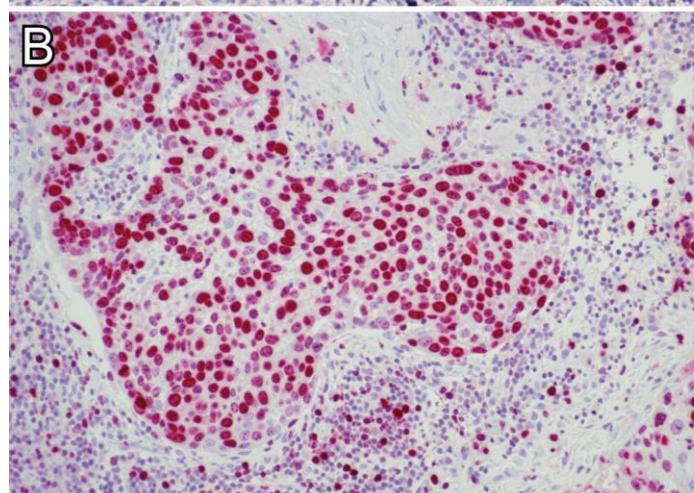
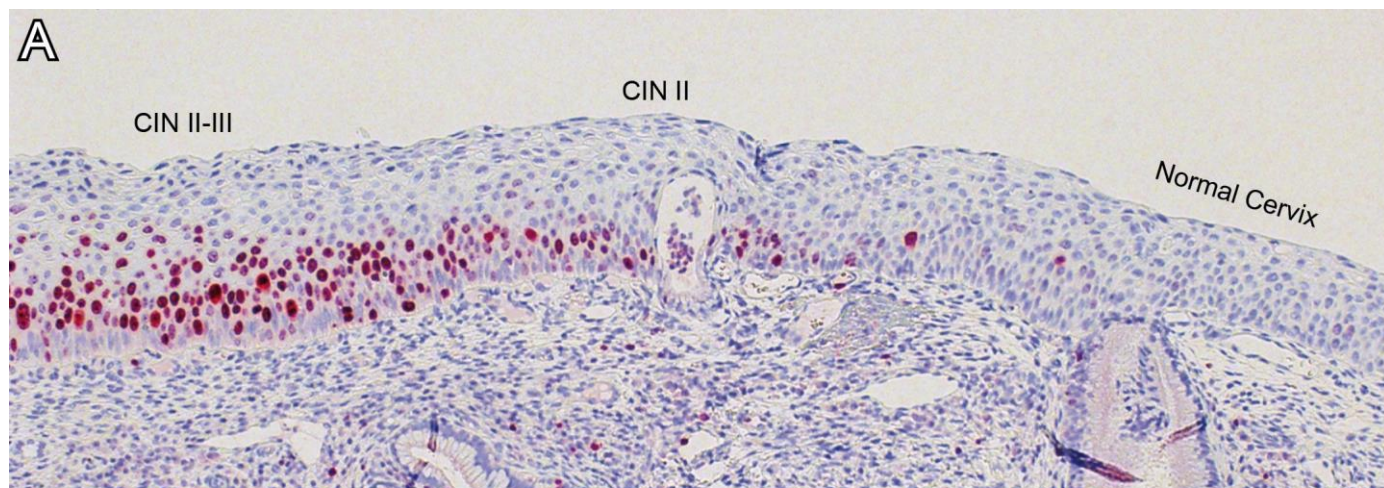
	Catalog Number		Expiry		Conformity with IVDD 98/79/EC
	Lot Number		Temperature Limitation		For In vitro Diagnostic Use
	Manufacturer		Consult Instructions for Use		



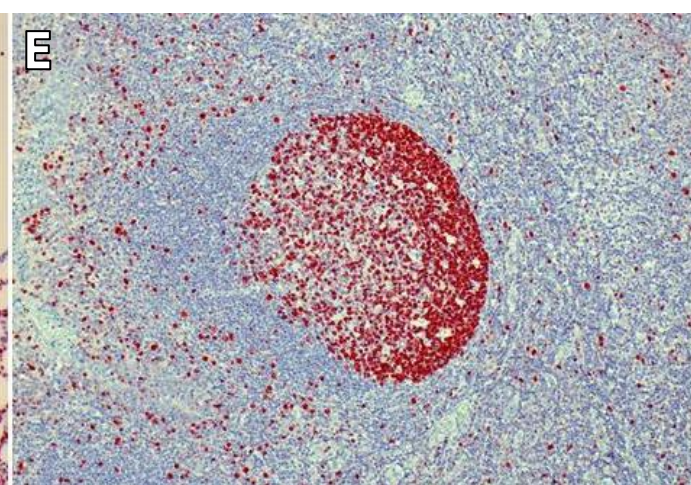
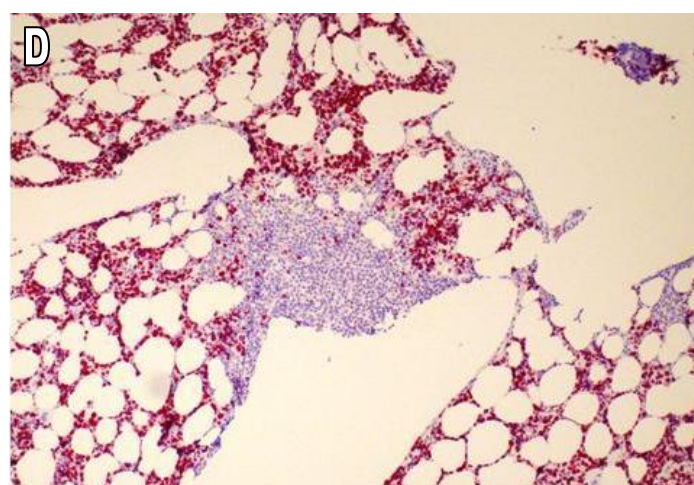
Figures

Different Ki-67 immunostainings with antibody clone Ki-67P in FFPE tissue sections, dilution 1:200

(pictures courtesy of Prof. Dr. med. Harald Stein, Pathodiagnostik Berlin, Berlin, Germany)



(A) Cervix uteri. The normal cervix epithelium is Ki-67 negative in contrast to areas with a CIN II and CIN II-III.
(B) Squamous cell carcinoma of the neck. Nearly all tumor cells are proliferating, indicating a fast growing carcinoma.
(C) Colon carcinoma. Most of the tumor cells are proliferating, showing that the carcinoma is rapidly dividing.



(D) Bone marrow with focal infiltration by small cell lymphoma **(E) Normal human tonsil**

