Kappa Light Chain Ab-1 (Clone L1C1)

Mouse Monoclonal Antibody

Cat. #MS-143-P0, -P1, or -P (0.1ml, 0.5ml, or 1.0ml at 200μg/ml) (Purified Ab with BSA and Azide)
Cat. #MS-143-P1ABX or -PABX (0.1ml or 0.2ml at 1.0mg/ml) (Purified Ab without BSA and Azide)
Cat. #MS-143-B0, -B1, or -B (0.1ml, 0.5ml, or 1.0ml at 200μg/ml) (Biotin-Labeled Ab with BSA and Azide)
Cat. #MS-143-R7 (7.0ml) (Ready-to-Use for Immunohistochemistry)
Cat. #MS-143-PCS (5 Slides) (Positive Control for Histology)

Please note this data sheet has been changed effective December 6, 2011

Description: Antibody to the kappa light chain of immunoglobulin is reportedly useful in the identification of leukemias, plasmacytomas, and certain non-Hodgkin's lymphomas. Demonstration of clonality in lymphoid infiltrates indicates that the infiltrate is clonal and therefore malignant.

Mol. Wt. of Antigen: 25kDa

Epitope: Not determined

Species Reactivity: Human. Does not react with rat. Others-not known.

Clone Designation: L1C1

Ig Isotype / Light Chain: IgG_1 / κ

Immunogen: B lymphoma cells

Applications and Suggested Dilutions:

- Immunohistology (Formalin/paraffin)
  (Ab 1:400-800 for 20 min at RT using a high-sensitivity detection system such as UltraVision LP Detection System (Cat# TL-015))
- * (Staining of formalin/paraffin tissues REQUIRES boiling tissue sections in 10mM citrate buffer, pH 6.0, (Lab Vision Cat. #AP-9003) for 10-20 min followed by cooling at RT for 20 min.)

The optimal dilution for a specific application should be determined by the investigator.

- ***Staining tips:*** If the staining is too light, use lower dilution or longer time.
  If the staining is too strong, use higher dilution or shorter time.

Positive Control: Tonsil

Cellular Localization: Cytoplasmic

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.

or

Prediluted antibody which is ready-to-use for staining of formalin-fixed, paraffin-embedded tissues.

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.

Suggested References:

1. Kochwa S. (1976) Immunoelectrophoresis. In Manual of Clinical Immunology. American Society of Microbiology. P17-35.

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.

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References Describing The Immuno-histochemical Detection Of Kappa Light Chain:

1. Korkolopoulou P; Pangalis GA; Patsouris E; Boussiotis VA; Kittas C. B-cell lymphoma of large multilobated type: an immunohistochemical study of 8 cases and review of the literature. Leukemia and Lymphoma, 1994, 13(1-2):151-9.

2. Abe M; Goto T; Kennel SJ; Wolfenbarger D; Macy SD; Weiss DT; Solomon A. Production and immunodiagnostic applications of antihuman light chain monoclonal antibodies. American Journal of Clinical Pathology, 1993, 100(1):67-74.

3. Berg AM; Troxler RF; Grillone G; Kasznica J; Kane K; Cohen AS; Skinner M. Localized amyloidosis of the larynx: evidence for light chain composition. Annals of Otology, Rhinology and Laryngology, 1993, 102(11):884-9.

4. Takahashi H; Fujita S; Okabe H; Tsuda N; Tezuka F. Immunophenotypic analysis of extranodal non-Hodgkin's lymphomas in the oral cavity. Pathology, Research and Practice, 1993, 189:300-11.

5. Momose H; Chen YY; Ben-Ezra J; Weiss LM. Nodular lymphocyte-predominant Hodgkin's disease: study of immunoglobulin light chain protein and mRNA expression. Human Pathology, 1992, 23(10):1115-9.

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11. Schmid C; Sargent C; Isaacson PG. L and H cells of nodular lymphocyte predominant Hodgkin's disease show immunoglobulin light-chain restriction. American Journal of Pathology, 1991, 139:1281-9.

12. Strauchen JA; Mandeli JP. Immunoglobulin expression in B-cell lymphoma. Immunohistochemical study of 345 cases. American Journal of Clinical Pathology, 1991, 95(5):692-5.

13. Faure GC; Tang JG; Mole C; Bene MC. Plasma cells producing lambda light chains are predominant in human gut and tonsils. An immunohistomorphometric study. American Journal of Clinical Pathology, 1990, 94(5):571-5.

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15. Silver MM; Hearn SA; Walton JC; Lines LA; Walley VM. Immunogold quantitation of immunoglobulin light chains in renal amyloidosis and kappa light chain nephropathy. American Journal of Pathology, 1990, 136(5):997-1007.

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17. VanderMolen LA; Duffey PL; Cossman J; Jaffe ES; Longo DL. Surface light chain phenotype in indolent lymphomas: lack of prognostic significance. American Journal of Hematology, 1990, 34:15-20.

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