



Monoclonal Anti-human MIA Antibody

ORDERING INFORMATION

Catalog Number: MAB20501

Clone: 294203

Lot Number: XNA01

Size: 100 µg

Formulation: 0.2 µm filtered solution in PBS
with 5% trehalose

Storage: -20° C

Reconstitution: sterile PBS

Specificity: human MIA

Immunogen: *E. coli*-derived rhMIA

Ig class: mouse IgG_{2b}

Recommended Application:
Immunohistochemistry

Other Application:
Direct ELISA

Preparation

This antibody was produced from a hybridoma resulting from the fusion of a mouse myeloma with B cells obtained from a mouse immunized with purified, *E. coli*-derived, recombinant human Melanoma-Inhibitory Activity (rhMIA; aa 25 - 131). The IgG fraction of the tissue culture supernatant was purified by Protein G affinity chromatography. MIA, also named Cartilage-Derived Retinoic Acid-Sensitive Protein (CD-RAP), is a secreted protein that plays an important role in melanoma metastasis. It is highly expressed in malignant melanomas and is associated with tumor progression.

Formulation

Lyophilized from a 0.2 µm filtered solution in phosphate-buffered saline (PBS) with 5% trehalose.

Reconstitution

Reconstitute with sterile PBS. If 0.2 mL of PBS is used, the antibody concentration will be 500 µg/mL.

Storage

Lyophilized samples are stable for twelve months from date of receipt when stored at -20° C to -70° C. Upon reconstitution, the antibody can be stored at 2° - 8° C for 1 month without detectable loss of activity. Reconstituted antibody can also be aliquotted and stored frozen at -20° C to -70° C in a manual defrost freezer for six months without detectable loss of activity. **Avoid repeated freeze-thaw cycles.**

Specificity

This antibody was selected for its ability to detect human MIA in direct ELISAs.

Applications

Immunohistochemistry - This antibody was used at a concentration of 25 µg/mL with appropriate secondary reagents to detect MIA in paraffin-embedded human melanoma tissue sections. For chromogenic detection of labeling, the use of R&D Systems Cell and Tissue Staining Kits (CTS Series) is recommended.

Direct ELISA - This antibody can be used at 0.5 - 1.0 µg/mL with the appropriate secondary reagents to detect human MIA. The detection limit for rhMIA is approximately 25 ng/well.

Optimal dilutions should be determined by each laboratory for each application.