

Mouse Anti-Somatostatin Receptor Type 2/SSTR2 [A8]: MC0222, MC0222RTU7

Intended Use: For Research Use Only

Description: Somatostatin is a peptide hormone that regulates the endocrine system and affects neurotransmission and cell proliferation via interaction with G-protein-coupled somatostatin receptors and inhibition of the release of numerous secondary hormones. This hormone has two active forms produced by alternative cleavage of a single preproprotein: somatostatin-14, composed of 14 amino acids and somatostatin-28, a prohormone composed of 28 residues. Somatostatin is secreted by D-cells of the islets of Langerhans in pancreas, endocrine cells of the gastrointestinal tract, bronchopulmonary system, thymus, and C cells of the thyroid. Somatostatin positive cells may also be present in medullary thyroid carcinomas, C cell hyperplasia, thymic tumors and pulmonary small cell carcinomas. An antibody to Somatostatin can be used to identify pancreatic islet cell hyperplasia as well as islet cell tumors, such as somatostatinomas.

Specifications

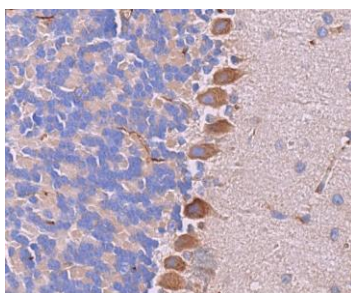
Clone: A8
 Source: Mouse
 Isotype: IgG1k
 Reactivity: Human, mouse, rat
 Immunogen: Human SSTR2a C-terminus aa 320-369
 Localization: Cytoplasm
 Formulation: Antibody in PBS pH7.4, containing BSA and ≤ 0.09% sodium azide (NaN₃)
 Storage: Store at 2°- 8°C
 Applications: IHC, ELISA, ICC/IF, IP, WB
 Package:

Description	Catalog No.	Size
Somatostatin Receptor Type 2/SSTR2 Concentrated	MC0222	1 ml
Somatostatin Receptor Type 2/SSTR2 Prediluted	MC0222RTU7	7 ml

IHC Procedure

Positive Control Tissue: Pancreas, somatostatinomas
 Concentrated Dilution: 50-200
 Pretreatment: Tris EDTA pH9.0, 15 minutes Pressure Cooker or 30-60 minutes water bath at 95°-99°C
 Incubation Time and Temp: 30-60 minutes @ RT
 Detection: Refer to the detection system manual

* Result should be confirmed by an established diagnostic procedure.



FFPE mouse cerebellum tissue stained with anti-SSTR2 showing cytoplasmic staining of Purkinje cell

References:

1. Determination of Mammalian Target of Rapamycin Hyperactivation as Prognostic Factor in Well-Differentiated Neuroendocrine Tumors. Lamberti G, et al. Gastroenterol Res Pract 2017:7872519, 2017.
2. Somatostatin receptor expression indicates improved prognosis in gastroenteropancreatic neuroendocrine neoplasm, and octreotide long-acting release is effective and safe in Chinese patients with advanced gastroenteropancreatic neuroendocrine tumors. Wang Y, et al. Oncol Lett 13:1165-1174, 2017.

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Rev. A