

**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.

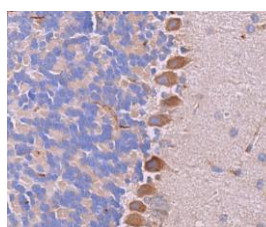
**Specifications**

Clone: A8  
 Source: Mouse  
 Isotype: IgG1k  
 Reactivity: Human, mouse, rat  
 Localization: Cytoplasm  
 Formulation: Antibody in PBS pH7.4, containing BSA and ≤ 0.09% sodium azide (NaN<sub>3</sub>)  
 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: Citrate pH6.0 or EDTA pH8.0, 15 minutes using Pressure Cooker, or 30-60 minutes using 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.
3. Comparing of IRS and Her2 as immunohistochemical scoring schemes in gastroenteropancreatic neuroendocrine tumors. Kaemmerer D, et al. Int J Clin Exp Pathol 5:187-94, 2012.

Doc. 100-MC0222  
Rev. A