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DATA SHEET

Rabbit Anti-Napsin A [EP205]: RM0143, RM0143RTU7

Intended Use: For Research Use Only

Description: Napsin A has a specific function in normal alveolar epithelium and is proposed to play a role in the proteolytic processing of surfactant precursors. Napsin A is reported to be predominantly expressed in lamellar bodies of type II pneumocytes, secondary lysosomes of alveolar macrophages, respiratory epithelium of terminal and respiratory bronchioles, plasma cells, within a subset of lymphocytes in normal lung, as well as in epithelial cells of renal tubules in normal kidney and is weakly expressed in normal spleen.
Napsin A is an aspartic proteinase that belongs to the peptidase A1 family and plays a role in pneumocyte surfactant processing. In normal tissue, Anti-Napsin A specifically labels type II pneumocytes in adult lung and epithelial cells in kidney tissues. In abnormal tissues, Studies have reported that Napsin A is expressed in 90% of primary lung adenocarcinomas. Napsin A and 79% of renal cell carcinoma by immunohistochemistry. Napsin A is a useful marker for lung adenocarcinoma. The combined use of Napsin A and thyroid transcription factor (TTF) improves the sensitivity and specificity for identification of pulmonary adenocarcinoma.

Specifications

Clone:	EP205
Source:	Rabbit
Isotype:	IgG
Localization:	Cytoplasm
Formulation:	Antibody in PBS pH 7.4, containing BSA and ≤ 0.09% sodium azide (NaN3)
Storage:	Store at 2°- 8°C
Applications:	IHC

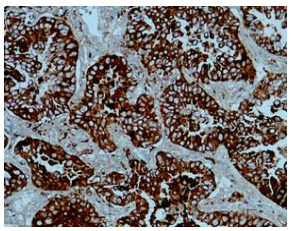
Package:

Description	Catalog No.	Size
Napsin A Concentrated	RM0143	1 ml
Napsin A Prediluted	RM0143RTU7	7 ml

IHC Procedure*

Positive Control Tissue:	Lung carcinoma
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.



Human lung carcinoma FFPE stained with anti-Napsin A using DAB

References:

1. Napsin A staining in adrenal cortical neoplasms. Ballard M, et al. Arch Pathol Lab Med. Jul;137(7):883, 2013.
2. Value of PAX8, PAX2, napsin A, carbonic anhydrase IX, and claudin-4 immunostaining in distinguishing pleural epithelioid mesothelioma from metastatic renal cell carcinoma. Ordóñez NG. Mod Pathol. Aug;26(8):1132-43, 2013.
3. Comparison of monoclonal napsin A, polyclonal napsin A, and TTF-1 for determining lung origin in metastatic adenocarcinomas. Mukhopadhyay S, et al. Am J Clin Pathol., Nov;138(5):703-11, 2012.
4. TTF-1 and Napsin A double stain: a useful marker for diagnosing lung adenocarcinoma on fine-needle aspiration cell blocks. Fatima N, et al. Cancer Cytopathol. Apr 25;119(2):127-33, 2011.
5. Cathepsin H and napsin A are active in the alveoli and increased in alveolar proteinosis., Woischnik M, et al. Eur Respir J. Jun;31(6):1197-204, 2008.

Orders: customercare@medaysis.com Support: techsupport@medaysis.com Tel: 510-509-3153 www.medaysis.com