

Anti-Napsin A, mouse monoclonal (BS10)

BSH-2002-100 (0.1 ml), BSH-2002-1 (1 ml)



Clonality:	Mouse monoclonal antibody
Clone:	BS10
Application:	IHC-P (1:100 – 1:400)
Species Reactivity:	Human
Control tissues:	Kidney, lung
Buffer:	TRIS with 0.03% sodium azide, pH 7.2
Storage:	Store at 4°C

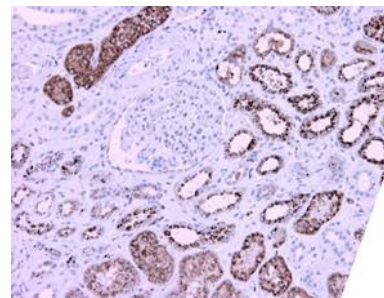
Description

Napsin A is an aspartic proteinase that is expressed predominantly in lung (type II pneumocytes) and kidney and lower levels in spleen and blood leukocytes. Alveolar macrophages also contain Napsin A due phagocytosis of pneumocytes. Napsin A is useful especially in the differential diagnosis of lung adenocarcinoma between squamous cell carcinoma.

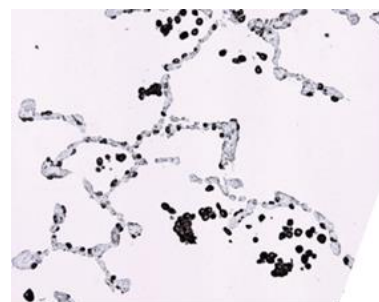
Protocol

1. Deparaffinize and rehydrate tissue section
2. Wash: aqua dest, 2×5 min
3. Pre-treatment: PT-module HIER pH 9.0 (20min at 98°C)
4. H₂O₂ (concentration 3%), 10 min
5. Wash: PBS or TBS buffer, 2×5 min
6. Primary antibody diluted as recommended, 30 min
7. Wash: PBS or TBS buffer, 2×5 min
8. One step HRP-polymer detection, 30 min
9. Wash: PBS or TBS buffer, 2×5 min
10. DAB Substrate, 8 min
11. Wash: aqua dest, 2×2 min
12. Counterstain, dehydrate and coverslip

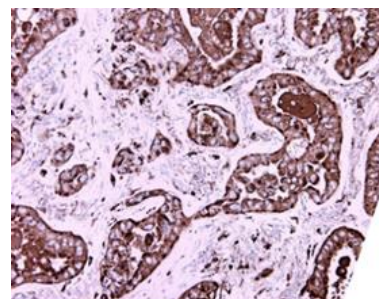
Dilution of concentrated antibody depends on the pre-treatment method and detection system used. Above protocol used in Optibodies evaluation and is meant as a reference. Final working dilution and protocol applied needs to be determined by the user always.



Kidney section has been stained using Napsin A antibody (clone BS10) with 1:300 dilution. Proximal tubule cells have stained strongly with granular cytoplasmic staining reaction.



Lung section has been stained using Napsin A antibody (Clone: BS10) with 1:300 dilution. Pneumocytes and alveolar macrophages have cytoplasmic staining reaction.



Lung adenocarcinoma section has been stained using Napsin A antibody (Clone: BS10) with 1:300 dilution. Carcinoma cells have strong cytoplasmic staining reaction.