ERG (ZR331)

Format	Catalog No.	Pack size	Dilution
Concentrated	G2637 A, B, C	0.1, 0.5, 1.0 mL	1:100-200
Prediluted	G2637 AA, BB	6.0, 3.0 mL	Ready to use

SPECIES: Rabbit

IMMUNOGEN: Synthetic peptide corresponding to residues within aa 450 to C-terminus in human ERG protein

CLONE: ZR331

ISOTYPE: IgG

FORMAT: This antibody has been pretitered and quality controlled to work on formalin-fixed paraffin-embedded as well as acetone fixed cryostat tissue sections. No further titration is required.

SPECIES REACTIVITY : Human

POSITIVE CONTROL : Prostate adenocarcinoma

CELLULAR LOCALIZATION : Nuclear

INTENDED USE: For Research Use Only(RUO).

BACKGROUND: ERG, or ETS-related gene, belongs to the ETS family of transcription factors and is a proto-oncogene. The nuclear protein known as ERG, which is encoded by the ERG gene, is involved in endothelium and haematopoietic development. Endothelial cells in blood and lymphatic arteries, as well as bone marrow stem cells, continue to express ERG. Haemangioendothelioma, angiosarcoma, and Kaposi sarcoma are among the nearly all endothelium neoplasms that express ERG. Prostate adenocarcinoma, gastrointestinal stromal tumour, synovial sarcoma, meningioma, epithelioid sarcoma, malignant rhabdoid tumour, acute myeloid leukaemia, blastic extramedullary myeloid tumour, and infrequently Ewing sarcoma/primitive peripheral neuroectodermal tumour, chondrosarcoma, osteosarcoma, and rhabdomyosarcoma all exhibit overexpression of ERG due to gene rearrangement. ERG appears to be the most sensitive and specific marker for identifying endothelial differentiation. Furthermore, the nuclear response frequently makes interpretation simpler and permits double staining with cytoplasmic markers such as podoplanin. ERG has a modest sensitivity and a high specificity for prostate cancer among carcinomas.

MICROBIOLOGICAL STATE : Non-sterile product; store according to recommended guidelines.

RECOMMEDNED USAGE:

- **Immunohistochemistry (IHC):** 1–2 µg/ml
  - Requires Tris-EDTA (pH 9.0) antigen retrieval at 95°C for 45 min, followed by cooling for 20 min at RT

- **Immunofluorescence (IF):** 1–3 µg/ml

- **Storage Conditions:** 1–3 µg/ml
  - With azide: 2–8°C
  - Without azide: –20 to –80°C

- **Stability:** 24 months

LIMITATIONS AND USES:

1. Contains 0.05% sodium azide – handle with care
2. Avoid skin and mucosal contact
3. Not intended for diagnostic or therapeutic use

STABILITY AND STORAGE –

Avoid freezing. Keep between 2 and 8°C. After use, immediately return to 2–8°C. Never use after the label's stated expiration date. Before using the antibody, visually confirm that it hasn't been contaminated. If the reagent precipitates or gets hazy, do not use it.

RESTRICTIONS–

Histological and immunological detection techniques are both used in the intricate process of immunohistochemistry. Results from tissue handling and processing before immunostaining can vary. Results may differ depending on the intrinsic characteristics of the tissue samples or on differences in fixation and embedding. Depending on the detection method employed, endogenous biotin and endogenous peroxidase or pseudoperoxidase activity in erythrocytes may result in non-specific staining. The methods and suggestions in this data sheet were verified with Genebio IHC reagents and might not work with other detection systems.

TECHNICAL SUPPORT

For technical assistance, please contact Genebio Solution's Technical Support at www.genebiosolution.com