EpiDtect™

Fli-1Primary Antibody

Clone: G146-22 (Mouse Monoclonal)

Localization – Nuclear
Host Species – Mouse
Ig Class – IgG2b

ORDERING INFORMATION	
CATALOG#	**DESCRIPTION**
DH602-01C	0.1 ML Concentrated Antibody Vial
DH602-05C	0.5 ML Concentrated Antibody Vial
DH602-1C	1 ML Concentrated Antibody Vial
DH602-3R	3 ML Ready-to-Use Antibody Vial
DH602-6R	6 ML Ready-to-Use Antibody Vial
DH602-12R	12 ML Ready-to-Use Antibody Vial

Intended Use

This antibody is designed for the specific localization of Fli-1-in formalin-fixed, paraffin-embedded (FFPE) tissue sections.

Storage & Handling

Store RTU Vial at 2-8°C. Fresh dilutions for concentrated antibodies, if required, should be prepared prior to use and are stable for up to one day at room temperature (20-26°C).

Working Principle

Friend leukemia integration 1 (Fli-1) is a member of the ETS family of sequence-specific DNA-binding transcription factors and plays a critical role in the regulation of cellular proliferation, differentiation, and oncogenic transformation. In approximately 90% of Ewing sarcoma/primitive neuroectodermal tumors (ES/PNET), a characteristic chromosomal translocation, t(11;22)(q24;q12), leads to fusion of the EWSR1 gene with FLI1, resulting in expression of the oncogenic EWS–FLI-1 fusion protein, which is reliably detectable by Fli-1–specific antibodies.In normal tissues, Fli-1 expression is largely restricted to endothelial cells and a subset of small lymphocytes. In contrast, Fli-1 is expressed in the vast majority of vascular neoplasms, including angiosarcomas, hemangioendotheliomas, hemangiomas, and Kaposi sarcoma. Comparative studies have demonstrated that Fli-1 immunoreactivity exhibits sensitivity and specificity comparable to or exceeding that of established endothelial markers such as CD31, CD34, and factor VIII–related antigen.Notably, Fli-1 represents the first endothelial marker with predominant nuclear localization, as opposed to cytoplasmic or membranous expression. This nuclear staining pattern minimizes background and cytoplasmic artifacts commonly associated with endogenous peroxidase or biotin activity, thereby enhancing the interpretive reliability of immunohistochemical analyses.

Material Supplied

Fli-1-antibody is affinity purified and diluted in PBS, pH 7.4, containing 1% BSA and 0.09% sodium azide.

Material required But Not Supplied

- Xylene
- DI Water
- Control Tissues
- Isopropyl alcohol
- Antigen retrieval buffers
- Hematoxylin
- Positive charged slides
- Blocking Reagents
- Mounting media
- Wash Buffer
- Detection System
- Cover glass

Working Reagent Procedure

- Ready-to-Use antibodies have been optimized for use with the recommended protocols and should not require further dilution.
- Concentrated antibodies must be diluted in accordance with the recommended protocol.

Recommended Protocol

Refer the following table for the details on specific recommended protocol for this antibody.

Control Tissue	Adrenal Gland, Fallopian Tube	**Antibody Incubation Time**	30-60 Minutes at RT
Dilution factor	**1:20-50** (Antibody Diluent: DH144)	**Retrieval Pre-treatment**	**Tris-EDTA based HIER** (AR9 Buffer: DH020)

Precautions

This product should be used by qualified and trained professional users only.
Avoid microbial contamination of reagents to minimize non-specific staining. Never pipette reagents by mouth. Avoid contact of reagents and specimens with skin. If reagents or specimens come into contact with sensitive area, wash with sufficient amounts of water. Dispose of the unused reagents. This kit contain sodium azide at concentrations of less than 0.1%. Sodium azide is not classified as a hazardous chemical at these concentrations, but proper handling protocols should be observed. For more information on product hazards, precautions and waste disposal, *Material Safety Data Sheets* are available upon request.

Limitations

Improper tissue handling and processing prior to immunostaining can lead to inconsistent results. Variations in embedding and fixation or the nature of the tissue may lead to variations in results. Endogenous peroxidase activity or pseudo peroxidase activity in erythrocytes and tissue biotin may result in non-specific staining based on the detection system employed. Tissues containing Hepatitis B Surface Antigen (HBsAg) may give false positive with horseradish peroxidase systems. Improper counterstaining and mounting may compromise the interpretation of results. Interpretation of the staining result is solely the responsibility of the user. Experimental results should be confirmed by a medically-established diagnostic product or procedure. Evaluation must be performed by a qualified pathologist.

Troubleshooting

For Technical Support contact us at +91 - *7506501122* or *info@dygnova.com* or your local distributor to report unusual staining.

	Manufacturer Details		Use by Date	LOT	Lot/Batch Number
	Manufacturing Date		Consult Instructions for Use	REF	Catalogue Number
	Temperature Limits		Sufficient for 'n' assays / tests	IVD	In-vitro Diagnostic Medical Device

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