**CD34 (Endothelial Cell Marker) Ab-1 (Clone QBEnd/10)**

**Mouse Monoclonal Antibody**

Cat. #MS-363-P0, -P1, or -P (0.1ml, 0.5ml, or 1.0ml at 200 µg/ml) (Purified Ab with BSA and Azide)

Cat. #MS-363-P1ABX or -PABX (0.1ml or 0.2ml at 1.0mg/ml) (Purified Ab without BSA and Azide)

Cat. #MS-363-B0, -B1, or -B (0.1ml, 0.5ml, or 1.0ml at 200 µg/ml) (Biotin-Labeled Ab with BSA and Azide)

Cat. #MS-363-R7 (7.0ml) (Ready-to-Use for Immunohistochemical Staining)

Cat. #MS-363-PCS (5 Slides) (Positive Control for Histology)

Please note this data sheet has been changed effective March 29, 2010

**Description:** CD34, a single chain transmembrane glycoprotein, is selectively expressed on human lymphoid and myeloid hematopoietic progenitor cells. Staining for CD34 has been used to measure angiogenesis, which reportedly predicts tumor recurrence.

**Comments:** Antibody to CD34 also reacts with vascular endothelial cells in normal tissues and in benign and malignant proliferations. This antibody is of value in the study of benign and malignant vascular tumors as well as characterization of leukemias.

**Mol. Wt. of Antigen:** 105-120kDa

**Epitope:** Type II epitope

**Species Reactivity:** Human. Does not react with rat. Others-not known.

**Clone Designation:** QBEnd/10

**Ig Isotype:** IgG1

**Immunogen:** Detergent solubilized vesicular suspension prepared from a perfusate of human term placenta.

**Applications and Suggested Dilutions:**

- Immunohistology (Formalin/paraffin)
  (Ab 1:200 for 60 min at RT using UltraVision LP detection systems)
  * [No special pretreatment is required for histochemical staining of formalin/paraffin tissues.]

  Ab 1:200 for 20 min at RT using UltraVision Quanto detection systems)
  * [Staining of formalin-fixed tissues **REQUIRES** boiling tissue sections in 10mM citrate buffer, pH 6.0, (NEOMARKERS’ Cat. #AP-9003), for 10-20 min followed by cooling at RT for 20 min.]

The optimal dilution for a specific application should be determined by the investigator.

**Positive Control:** Placenta

**Cellular Localization:** Cell membrane / cytoplasmic

**Storage and Stability:** Ab with sodium azide is stable for 24 months when stored at 2-8°C. Antibody WITHOUT sodium azide is stable for 36 months when stored at below 0°C.

**Supplied As:** 200µg/ml of antibody purified from bioreactor concentrate by Protein G chromatography. Prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide. Also available without BSA and azide at 1mg/ml, or Prediluted antibody which is ready-to-use for staining of formalin-fixed, paraffin-embedded tissues.

**Key References:**


**Limitations and Warranty:**

Our products are intended FOR RESEARCH USE ONLY and are not approved for clinical diagnosis, drug use or therapeutic procedures. No products are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our data sheets and website. Our warranty is limited to the actual price paid for the product. NeoMarkers is not liable for any property damage, personal injury, time or effort or economic loss caused by our products.

**Material Safety Data:**

This product is not licensed or approved for administration to humans or to animals other than the experimental animals. Standard Laboratory Practices should be followed when handling this material. The chemical, physical, and toxicological properties of this material have not been thoroughly investigated. Appropriate measures should be taken to avoid skin and eye contact, inhalation, and ingestion. The material contains 0.09% sodium azide as a preservative. Although the quantity of azide is very small,
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appropriate care should be taken when handling this material as indicated above. The National Institute of Occupational Safety and Health has issued a bulletin citing the potential explosion hazard due to the reaction of sodium azide with copper, lead, brass, or solder in the plumbing systems. Sodium azide forms hydrazoic acid in acidic conditions and should be discarded in a large volume of running water to avoid deposits forming in metal drainage pipes.

For Research Use Only

9. Goulding H; Abdul Rashid NF; Robertson JF; Bell JA; Elston CW; Blamey RW; Ellis IO. Assessment of angiogenesis in breast carcinoma: an important factor in prognosis? [see comments]. Human Pathology, 1995 Nov; 26(11):1196-200.
10. Lanza F; Moretti S; Castagnari B; Latorraca A; Rigolin GM; Bardi A; Castoldi G. CD34+ leukemic cells assessed by different CD34 monoclonal antibodies. Leukemia and Lymphoma, 1995, 18 Suppl 1:25-30.
17. Bollinger BK; Laskin WB; Knight CB. Epitheliod hemangioendothelioma with multiple site

Clinical customers please refer to IVD / ASR Data Sheet...
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32. Zelger B; Cerio R; Orchard G; Fritsch P; Wilson-Jones E. Histologic and immuno-histochemical study comparing xanthoma disseminatum and histiocytosis X. Archives of Dermatology, 1992, 128(9):1207-12.


34. Fletcher CD; Ramani P. QBEnd/10: a useful, but by no means specific, marker of Kaposi's sarcoma [letter; comment]. J of Pathol, 1990, 162:273-4.