Novocastra™ Lyophilized Rabbit Polyclonal Antibody Glucagon

Product Code: NCL-GLUCp

Intended Use	**For In Vitro Diagnostic Use:** This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
Specificity	Human and swine glucagon. Also reacts with dog, monkey, mouse and rat glucagon.
Antigen Used for Immunizations	Porcine glucagon
Preparation	Lyophilized tissue culture supernatant containing 15 mM sodium azide. Reconstitute with the volume of sterile distilled water indicated on the vial label.
Effective on Frozen Tissue	Yes
Effective on Paraffin Wax Embedded Tissue	Yes
Recommendations on Use	Immunohistochemistry: Typical working dilution 1:25–50. 60 minutes primary antibody incubation at 25 °C. Standard ABC technique. Western Blotting: Not evaluated.
Positive Controls	Immunohistochemistry: Pancreas.
Staining Pattern	Cytoplasmic.
Storage and Stability	Store unopened lyophilized antibody at 4 °C. Under these conditions, there is no significant loss in product performance up to the expiry date indicated on the vial label. The reconstituted antibody is stable for at least two months when stored at 4 °C. For long term storage, it is recommended that aliquots of the antibody are frozen at -20 °C (frost-free freezers are not recommended). Repeated freezing and thawing must be avoided. Prepare working dilutions on the day of use.
General Overview	Glucagon exerts rapid and delayed effects on the liver whereby it provokes a coordinated cAMP- and Ca2+-dependent increase in glycogenolysis, glycolysis, glucose cycling, gluconeogenesis, and ketogenesis. Glucagon also stimulates hepatic proteolysis in lysosomes and inhibits protein synthesis so that glucogenic amino acids contribute easily to gluconeogenesis. Immunocytochemical studies have revealed the presence of glucagons in the alpha cells of the pancreatic islets. Glucagon is found in other normal tissues such as small intestine and stomach.
General References	Helpap B and Vogel J. Pathology Research and Practice. 184: 39–45 (1989). Ueda G, Yamasaki M, Inove M, et al.. International Journal of Gynaecological Pathology. 3: 220–231 (1984).

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