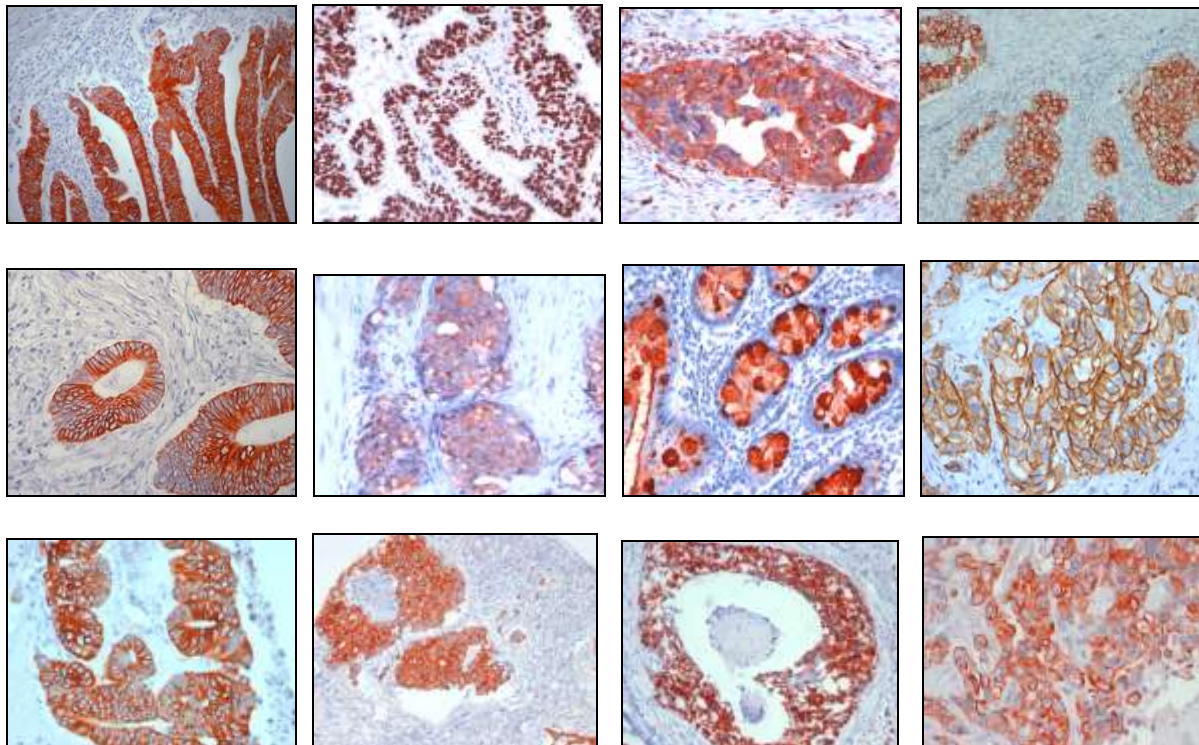




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**Mouse Monoclonal Anti-Human
CA15-3**

MAB015: tissue culture supernatant with 0.09% sodium azide (0.2ml or 1 ml)

Immunogen: synthetic peptide derived from the human MUC1 protein
Expected staining pattern: cytoplasmic and cell membrane
Positive control: breast cancer

**Mouse Monoclonal Anti-Human
Carcinoembryonic antigen
(CEA)**

MAB027 or # MAB029: tissue culture supernatant with 0.09% sodium azide (0.2ml or 1ml)

Immunogen: synthetic peptides derived from the human CEA protein: # MAB027 # MAB029 recognize different epitopes not cross reacting with Ig-like domains. IgG (MAB027 to MAB029 & MAB2007)
Expected staining pattern: Cytoplasmic and luminal membrane
Positive control: colon carcinomas, WiDr & Sw116 cells.

**Mouse Monoclonal Anti-Human
Chromogranin A (CgA)**

MAB014: tissue culture supernatant with 0.09% sodium azide (0.2ml or 1ml)

Immunogen: synthetic peptide derived from the human chromogranin A protein
Expected staining pattern: cytoplasmic
Positive control: pancreas and neuroendocrine cells

**Mouse Monoclonal Anti-Human
Mucin-5AC (MUC-5AC)**

MAB034: tissue culture supernatant with 0.09% sodium azide (0.2ml or 1ml)

Immunogen: peptide derived from the human MUC-5AC protein
Expected staining pattern: cytoplasmic and secreted
Positive control: stomach, A-549 cancer cells

**Mouse Monoclonal Anti-Human
Neuron Specific Enolase (NSE)**

MAB010: tissue culture supernatant with 0.09% sodium azide (0.2ml or 1ml)

Immunogen: synthetic peptide derived from the human NSE protein γ subunit
Expected staining pattern: cytoplasmic
Positive control: IMR5 cells, pancreas, lung cancer, neuroendocrine colon tumor cells (colo320)

**Mouse Monoclonal Anti-Human
P504S**

MAB008: tissue culture supernatant with 0.09% sodium azide (0.2ml or 1 ml)

Immunogen: synthetic peptide derived from the human P504S protein
Expected staining pattern: granular and cytoplasmic
Positive control: prostate cancer

INTENDED USE

For In Vitro Diagnostic Use: All products are intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy. Evaluations should be made within the context of the patient's clinical history and other diagnostic tests made by a qualified pathologist.