



# PROTEIN BIOTECHNOLOGIES

## HUMAN COLON TISSUE LYSATE

<b>Catalog Number:</b>	<b>Extraction 1, soluble protein fraction</b>		
	<b>T7-026-T-1</b>	<b>Human colon tumor tissue lysate</b>	100 µg
	<b>T7-026-N-1</b>	<b>Human colon normal tissue lysate (matched)</b>	100 µg

	<b>Extraction 2, insoluble protein fraction</b>		
	<b>T7-026-T-2</b>	<b>Human colon tumor tissue lysate</b>	100 µg
	<b>T7-026-N-2</b>	<b>Human colon normal tissue lysate (matched)</b>	100 µg

**Diagnosis:** Adenocarcinoma, grade 2, stage II. T<sub>3</sub>N<sub>0</sub>M<sub>x</sub>

**Sex / Age:** Male, age 79.

**Concentration:** 1 mg/ml, 100 µg/vial.

*The vial is provided with a 10% overflow. Maximum recovery can be obtained by centrifuging the vial briefly to collect any solution on the cap and tube sides.*

**Storage:** Aliquot single use volumes to avoid repeated freeze/thaw cycles.  
From time of receipt, this product is stable for 3 months at -20°C, or 12 months at -70°C.

**Lysate Preparation:** Tissue specimens are homogenized in modified RIPA buffer to obtain the soluble proteins, and centrifuged to clarify. The pellet was further extracted with a second buffer to obtain the less soluble protein fraction. The lysate solution may appear turbid at cold temperatures due to insolubility of buffer components. The solution should clear upon warming to room temperature.

<b>Extraction 1:</b>	PBS, pH 7.4	1 µg/ml Aprotinin	1 mM NaF
<b>Modified RIPA Buffer:</b>	1 mM EDTA	1 µg/ml Pepstatin-A	0.1% SDS
	0.25% Na deoxycholate	1 µg/ml Leupeptin	1 mM PMSF
	1 mM Na <sub>3</sub> VO <sub>4</sub>		

**Extraction 2:** PBS, pH 7.4, 5.0 M Urea, 2.0 M Thiourea, 50mM DTT, 0.1% SDS

**Application:** These lysates have not been subjected to denaturing or reducing conditions. This allows the tissue or cell lysate to be used in a variety of applications; to study protein-protein interaction, ligand binding, ELISA, immunoprecipitation, 1D and 2D gel electrophoresis, and Western blotting for the detection of specific protein targets. For use in 1D and 2D gel electrophoresis, the addition of a denaturing gel loading buffer with reducing agents may be required.

Buffer requirements for performing protein-protein interaction and ligand binding studies can vary significantly from RIPA buffer and may require modifications. In most cases, tissue lysates in RIPA buffer can be used, directly in standard ELISA and immunoprecipitation assays.

This material has tested negative for HbsAg, HIV 1/2, and HCV. Use *UNIVERSAL PRECAUTIONS* when handling. Human tissue derivatives must be treated as a potentially infectious agent and disposed of appropriately.

**Source:** Integrated Laboratory Services-Biotech (ILSbio), Chestertown, MD 21620 [www.ilsbio.com](http://www.ilsbio.com)  
ILS-00314

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**PATHOLOGY REPORT**

<b>Catalog No.</b>	T7-026
<b>Tissue:</b>	Colon
<b>Location:</b>	Sigmoid colon.
<b>Diagnosis:</b>	Adenocarcinoma.
<b>Stage:</b>	II      T <sub>3</sub> N <sub>0</sub> M <sub>x</sub>
<b>Grade:</b>	II
<b>Sex:</b>	Male
<b>Age:</b>	79 years
<b>Gross findings:</b>	Perforated moderately differentiated colonic adenocarcinoma, measuring 7.5 cm in greatest dimension. Transmural extension into pericolonic adipose tissue. Direct invasion of adjacent portions of bowel with resultant thick fibrovascular adhesions. Eight of eight lymph nodes negative for metastatic carcinoma. Margins of resection viable.
<b>Microscopic findings:</b>	Extensive areas of outpouching of the mucosa/submucosa with secondary thinning of the muscularis propria are seen. In areas, there is perforation with a prominent mixed inflammatory infiltrate and secondary fibrosis. The non-involved portions of the mucosa exhibit mild reactive changes. The margins of the resection are viable, but do demonstrate non-perforating diverticular disease.