BACKGROUND
FK506, also referred to as Tacrolimus or Fujimycin, is a 23-membered macro-lide lactone with similar yet more potent immunosuppressant activity than cyclosporine. FK506 is used for primary or rescue immunosuppression in patients after a solid organ transplantation. Clinically relevant FK506 side effects include nephrotoxicity, neurotoxicity, diabetes mellitus, and hypertension. Therapeutic drug monitoring (TDM) of FK506 levels is a prerequisite for therapy. Whole blood is the matrix of choice for FK506 TDM. The whole blood target level range aimed for in clinical practice falls between 3.0 and 20.0 ng/ml and depends on the patient's liver function, the type of organ transplanted and the amount of time that has passed after transplantation. FK506 and steroid administration in larger doses reduce serum transaminase levels of transplant recipients.

REFERENCES

SOURCE
FK506 (FK1) is a mouse monoclonal antibody raised against Fk-506-BSA conjugate.

PRODUCT
Each vial contains 100 µg IgM in 1.0 ml of PBS with < 0.1% sodium azide and 0.1% gelatin.

APPLICATIONS
FK506 (FK1) is recommended for detection of conjugated and non-conjugated FK506 by Western Blotting (starting dilution 1:200, dilution range 1:100-1:1000).

RECOMMENDED SECONDARY REAGENTS
To ensure optimal results, the following support (secondary) reagents are recommended: 1) Western Blotting: use goat anti-mouse IgM-HRP: sc-2064 (dilution range: 1:500-1:5,000), TBS Blotto A Blocking Reagent: sc-2333 and Western Blotting Luminol Reagent: sc-2048.

STORAGE
Store at 4° C, **DO NOT FREEZE**. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

RESEARCH USE
For research use only, not for use in diagnostic procedures.

PROTOCOLS
See our web site at www.scbt.com or our catalog for detailed protocols and support products.