

SOX9 antibody [MSVA-709R] HistoMAX™

Cat. No. GTx04459

Host	Rabbit
Clonality	Monoclonal
Isotype	IgG
Applications	IHC-P
Reactivity	Human

Package
500 µl, 100 µl

PRODUCT

This antibody was validated on 76 different Normal Tissues by IHC-P.

Summary

[Go to Normal Tissue Gallery](#)[Go to Cancer Tissue Gallery](#)

Applications

Application Note

*Optimal dilutions/concentrations should be determined by the researcher.

Suggested dilution	Recommended dilution
IHC-P	1:50-1:75

Note : Manual staining : Heat-induced antigen retrieval for 5 minutes in an autoclave at 121°C in pH 7.8 Tris-EDTA-based Target Retrieval Solution buffer.

Not tested in other applications.

Product Note **Highly recommended for IHC-P in human tissues.**

Properties

Form	Liquid
Buffer	PBS, 0.05% BSA (Please contact us for PBS only format)
Preservative	0.05% sodium azide
Storage	Store as concentrated solution. Centrifuge briefly prior to opening vial. For short-term storage (1-2 weeks), store at 4°C. For long-term storage, aliquot and store at -20°C or below. Avoid multiple freeze-thaw cycles.
Concentration	0.2 mg/ml (Please refer to the vial label for the specific concentration.)
Immunogen	Recombinant humanSOX9 protein fragment (around aa 393- 508)
Purification	Protein A/G purified
Conjugation	Unconjugated



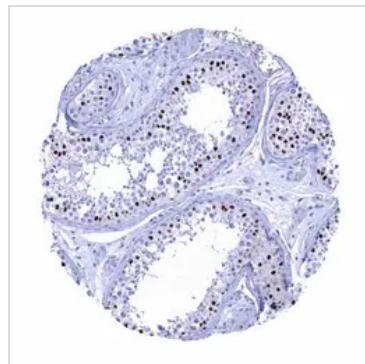
For full product information, images and publications, please visit our [website](#).

Date 2026 / 02 / 02 Page 1 of 2

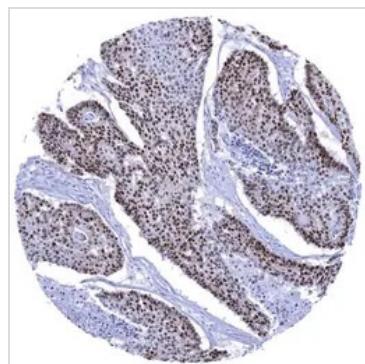
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Note

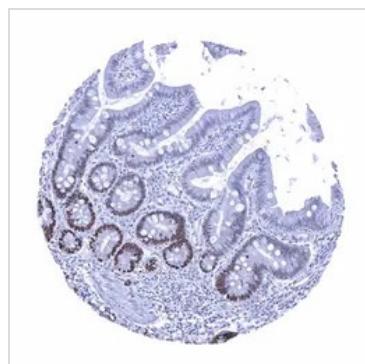
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DATA IMAGES**GTx04459 IHC-P Image**

IHC-P analysis of human testis tissue using GTx04459 SOX9 antibody [MSVA-709R] HistoMAX™.
Strong SOX9 staining of Sertoli cells.

**GTx04459 IHC-P Image**

IHC-P analysis of human esophageal squamous cell carcinoma (ESCC) tissue using GTx04459 SOX9 antibody [MSVA-709R] HistoMAX™.
Squamous cell carcinoma with strong SOX9 immunostaining of most tumor cells.

**GTx04459 IHC-P Image**

IHC-P analysis of human mucosa from duodenum tissue using GTx04459 SOX9 antibody [MSVA-709R] HistoMAX™.
Strong nuclear SOX9 staining of crypt epithelial cells. The SOX9 staining intensity markedly decreases towards the surface epithelium and the tips of the villosities remain SOX9 negative.



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Date 2026 / 02 / 02 Page 2 of 2