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Http://www.solarbio.com

快速姬姆萨染色试剂盒

货号: G4640

规格: 3×30mL/3×100mL/3×250mL/3×500mL

保存:室温,避光保存,有效期1年。

产品组成:

名称	3×30mL	3×100mL	3×250mL	3×500mL	保存
试剂 A: Giemsa 染色液	30mL	100mL	250mL	500mL	室温
试剂 B: Giemsa 缓冲液	2×30mL	2×100mL	2×250mL	2×500mL	室温

产品介绍:

姬姆萨染液是由天青与伊红组成。各种细胞成分化学性质不同,对各种染料的亲和力也不一样。各类成分由于自身特性与姬姆萨染液中不同物质结合呈现不同颜色从而得以区分。

快速姬姆萨染色试剂盒以进口的姬姆萨色素染料为原料配制而成,无须预固定,可将细胞核染成紫红色或蓝紫色,胞浆染成粉红色,在光镜下呈现出清晰的细胞染色图像。主要用于显示血涂片中各种血细胞形态大小差异,染色效果好、染色力强、着色清晰。

操作步骤: (仅供参考)

- 1. 按常规方法制备血涂片, 待血膜干后, 平置于染色架上, 滴加 Giemsa 染色液 200-400 微升使其迅速盖满血膜, 染色 90-120s, 来固定并预染涂片。
- 2. 直接滴加 1-2 倍体积的 Giemsa 缓冲液,轻摇切片或者用洗耳球吹气使染液充分混匀,染色 5-8min。
- 用自来水缓慢从玻片一端冲洗 30s(注意勿先倒去染液或直接对血膜冲洗),晾干后镜检。

染色结果:

红细胞	浅红色,中央略淡而略显碟形态。		
淋巴细胞	膜呈蓝紫色,细胞核呈深浅不一的紫红色,胞质浅红色,颗粒清晰。		

注意事项:

- 1. 为了您的安全和健康,请穿实验服并戴一次性手套操作。
- 2. 涂片厚度应适中,太厚红细胞易重叠褶皱,太薄不容易找到淋巴细胞。
- 3. Giemsa 染色液易挥发,不宜过少。建议滴加试剂 A 300-400 微升/片,然后加 2 倍体积的试剂 B,滴加 后充分混匀染色。试剂采用常规方法配制并用滤纸过滤,请避免大瓶染液与水反应失效。
- 4. PH 对细胞染色有影响。染色用载玻片必须清洁,无酸碱污染以免影响染色结果。镜检颜色偏蓝请蒸馏水浸泡 1-3min,直至目测涂片红润为止。

参考文献:

[1]YanxiaGao.HDAC1 promotes artery injury through activation of VAV3 by binding to miR-182-5p in atheroscLerotic mice modeL.CeLLuLar SignaLLing.November 2020.(IF 3.968)

[2]Xifeng Yang Yao Sun Ying Zhang Shan Han,et aL.DownreguLation of miR-181b inhibits human coLon cancer ceLL proLiferation by targeting CYLD and inhibiting the NF-κB signaLing pathway.InternationaL JournaL of MoLecuLar Medicine.September 2020.(IF 3.098)

Quick Giemsa Stain Kit

Cat: G4640

Size: 3×30mL/3×100mL/3×250mL/3×500mL **Storage:** RT, avoid light, valid for 1 year.

Kit Components

Reagent	3×30mL	3×100mL	3×250mL	3×500mL	Storage
Reagent(A): Giemsa Stain Solution	30mL	100mL	250mL	500mL	RT
Reagent(B): Giemsa Buffer	2×30mL	2×100mL	2×250mL	2×500mL	RT

Introduction

Giemsa dye is composed of azure and eosin. all kinds of components present different colors and can be distinguished.

The rapid Giemsa staining solution is made of imported Giemsa pigment dye. Without pre fixation, it can dye the nucleus into purplish red or blue purple, and the cytoplasm into pink, showing clear cell staining images under light microscope. It is mainly used to show the difference of various blood cell morphology and size in blood smear, with good staining effect, strong staining power and clear staining.

Protocol (for reference only)

- Prepare the blood smear in usual method. After the smear dried, place on the dyeing rack, and add 200-400μl Giemsa stain solution to cover the blood smear quickly. Staying for 90-120s to fix and pre-dye the smear.
- 2. Add 1-2 times the volume of Giemsa buffer directly, shake the slices lightly or blow air with ear ball to make the dye well mixed, and stain for 5-8 min.
- Slowly rinse the glass slide with tap water for 30s (pay attention not to pour out the dye solution or directly rinse the blood film), dry it and then examine it under microscope.

Result

The Red Blood Cells	light red, and the center is slightly pale and slightly discoid.		
The Lymphocyte	Membrane is blue purple, the nucleus is purplish red, the		
	cytoplasm was light red, and the granules were clear.		

Note

- 1. For your safety and health, please wear lab clothes and disposable gloves.
- 2. Smear thickness should be moderate, too thick or too thin is not easy to get the result wanted.
- Giemsa Stain Solution is volatile and should not be too little. It is recommended to add 300-400ul for each slice. The reagent is prepared by conventional method and filtered by filter paper, so as to avoid the failure of the reaction between the dye solution and water.
- 4. PH had effect on cell staining. The slides used for staining must be clean and free from acid and alkali pollution, so as not to affect the staining results.

Reference

[1]YanxiaGao.HDAC1 promotes artery injury through activation of VAV3 by binding to miR-182-5p in atheroscLerotic mice modeL.CeLLuLar SignaLLing.November 2020.(IF 3.968)

[2]Xifeng Yang Yao Sun Ying Zhang Shan Han,et aL.DownreguLation of miR-181b inhibits human coLon cancer ceLL proLiferation by targeting CYLD and inhibiting the NF-κB signaLing pathway.InternationaL JournaL of MoLecuLar Medicine.September 2020.(IF 3.098)

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