

Elab Fluor® 647 Anti-Human HLA-DR Antibody[Tü36]

Catalog Number: AN00994M

Note: Centrifuge before opening to ensure complete recovery of vial contents.

Description

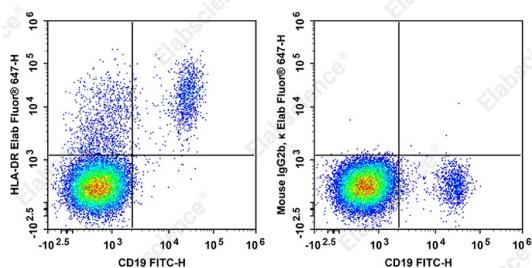
Reactivity	Human
Host	Mouse
Isotype	Mouse IgG2b, κ
Clone No.	Tü36
Isotype Control	Elab Fluor® 647 Mouse IgG2b, κ Isotype Control[MPC-11] [Product E-AB-F09812M]
Conjugation	Elab Fluor® 647
Conjugation Information	Elab Fluor® 647 is designed to be excited by the Red laser (627-640 nm) and detected using an optical filter centered near 670 nm (e.g., a 660/20 nm bandpass filter).
Storage Buffer	Phosphate buffered solution, pH 7.2, containing 0.09% stabilizer.

Applications

Recommended usage

FCM	Each lot of this antibody is quality control tested by flow cytometric analysis. The amount of the reagent is suggested to be used 5 µL of antibody per test (million cells in 100 µL staining volume or per 100 µL of whole blood). Please check your vial before the experiment. Since applications vary, the appropriate dilutions must be determined for individual use.
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Data



Staining of normal human peripheral blood cells with FITC

Anti-Human CD19 Antibody and Elab Fluor® 647 Anti-Human HLA-DR Anyibody[Tü36] (left) or Elab Fluor® 647 Mouse IgG2b, κ Isotype Control (right). Cells in the lymphocytes gate were used for analysis.

Preparation & Storage

Storage	Keep as concentrated solution. This product can be stored at 2-8°C for 12 months. Please protect from prolonged exposure to light and do not freeze.
Shipping	Ice bag

Antigen Information

Alternate Names	MHC class II;Major Histocompatibility complex II;human leukocyte antigen;HLA
Uniprot ID	P01903
Gene ID	3122

For Research Use Only

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Rev. V1.3

Background

HLA-DR is a heterodimeric cell surface glycoprotein comprised of an α (heavy) chain and a β (light) chain. They are expressed on B cells, activated T cells, monocytes/macrophages, dendritic cells, and other non-professional APCs. In conjunction with the CD3/TCR complex and CD4 molecules, HLA-DR is critical for efficient peptide presentation to CD4+ T cells. Variations in the HLA gene expression are crucial to graft survival.

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