Purified Anti-Human CD206 Antibody[15-2], Functional Grade

catalog number: **E-AB-F11610**

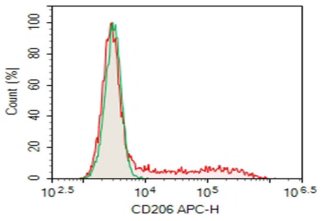
Note: *Centrifuge before opening to ensure complete recovery of vial contents.*

Description

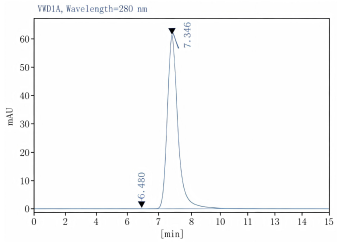
Reactivity	Human
Immunogen	Recombinant Human CD206 protein
Host	Mouse
Isotype	Mouse IgG1, κ
Clone	15-2
Purification	>98%, Protein A/G purified
Buffer	Sterile PBS, pH 7.2. < 1.0 EU per mg of the antibody as determined by the LAL method.

Applications	Recommended Dilution
FCM	2 μg/mL(0.5×10^6-1×10^6 cells)
Block	Reported in the literature

Data



HEK293T cells transfected with pcDNA3.1 plasmid encoding Human CD206 gene were stained with 0.2 μg Purified Anti-Human CD206 Antibody[15-2], Functional Grade (Right) and 0.2 μg Mouse IgG1, κ Isotype Control (Left), followed by APC-conjugated Goat Anti-Mouse IgG Secondary Antibody.



Monomer purity ≥95% as determined by analytical size-exclusion chromatography (SEC)

Preparation & Storage

Storage	Store at 4°C valid for 12 months or -20°C valid for long term storage, avoid freeze / thaw cycles. This preparation contains no preservatives, thus it should be handled under aseptic conditions.
Shipping	Ice bag

Background

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The recognition of complex carbohydrate structures on glycoproteins is an important part of several biological processes, including cell-cell recognition, serum glycoprotein turnover, and neutralization of pathogens. The protein encoded by this gene is a type I membrane receptor that mediates the endocytosis of glycoproteins by macrophages. The protein has been shown to bind high-mannose structures on the surface of potentially pathogenic viruses, bacteria, and fungi so that they can be neutralized by phagocytic engulfment.

None (Azide-Free,Low Endotoxin) are perfectly suited to be used in culture or in vivo (for nonhuman studies) for functional assays blocking, neutralizing, activation or depletion where the presence of azide may damage cells or exogenous endotoxin may signal or activate cells.

Application References

Barrett-Bergshoeff M, et al. Thromb Haemost. 1997;77(4):718-723.