



Mouse Anti-Human IgG4 Antibody

Catalog No: tcna1373

Available Sizes
Size: 20ug
Size: 100ug
Specifications
Application: IHC-P
Species Reactivity: Human
Host Species: Mouse
Immunogen / Amino acids: A human recombinant protein corresponding to the Fc region was used as the immunogen for this recombinant IgG4 antibody.
Conjugation: Unconjugated
Clonality: Recombinant Mouse Monoclonal
Clones: rlGHG4/1345
Isotype: Mouse IgG1
Form: Liquid



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Storage Buffer:

0.2 mg/ml in 1X PBS with 0.1 mg/ml BSA (US sourced) and 0.05% sodium azide

Concentration:

0.2 mg/ml

Recommended Dilution:

Immunohistochemistry (FFPE): 0.5-1ug/ml for 30 min at RT

Prediluted IHC only format: incubate for 30 min at RT (1)The concentration stated for each application is a general starting point. Variations in protocols

secondaries and substrates may require the recombinant IgG4 antibody to be titered up or down for optimal performance.

1. The prediluted format is supplied in a dropper bottle and is optimized for use in IHC. After epitope retrieval step (if required)

drip mAb solution onto the tissue section and incubate at RT for 30 min.

Storage Instruction:

Store the recombinant IgG4 antibody at 2-8oC (with azide) or aliquot and store at -20oC or colder (without azide).

SwissProt:

P01861

Gene ID:

3503 (human);

References

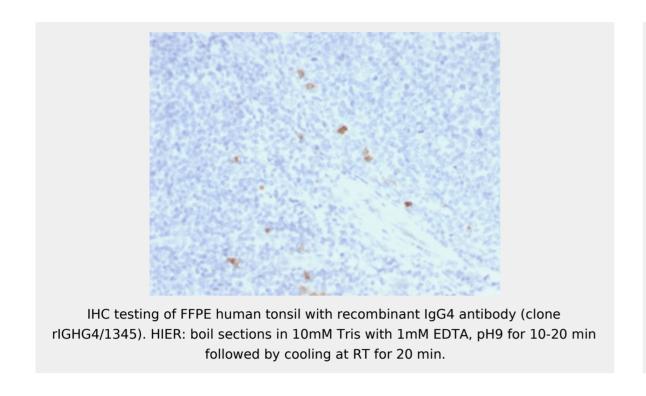
Protein G affinity chromatography

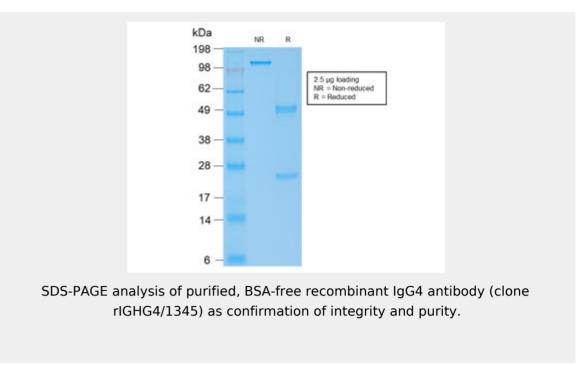
Product Description

The regions of relatively constant sequence beyond the variable regions of immunoglobulins are termed constant regions (C regions) and are present in both the heavy and light chains. With very few exceptions, the sites of attachment for carbohydrates on immunoglobulins are located in these C regions. These regions also function to hold the variable regions together by using the disulfide bond between them. The C regions facilitate interaction with the antigen by increasing the maximum rotation of the immunoglobulin arms. Reportedly, a large population of patients with recurrent respiratory tract infection has low IgG4 concentrations. IgG4-related sclerosing disease has been recognized as a systemic disease entity characterized by an elevated serum IgG4 level, sclerosing fibrosis, and diffuse lymphoplasmacytic infiltration with the presence of many IgG4-positive plasma cells. IgG4 is overexpressed in inflammatory pseudotumor (IPT) and under expressed in inflammatory myofibroblastic tumor (IMT). In pulmonary nodular lymphoid hyperplasia (PNLH), there are an increased number of IgG4+ plasma cells.









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