Web: www.taiclone.com
Tel: +886-2-2735-9682
Email: order@taiclone.com

Mouse Anti-Human IgG4 Antibody

Catalog No: tcna1709

Available Sizes

Size: 20ug

Size: 100ug

Specifications

Application:
FACS, IHC-P, IF

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 IgG4 antibody.

Conjugation:
Unconjugated

Clonality:
Monoclonal

Clones:
IHCG4-1

Isotype:
Mouse IgG1

Form:
Liquid

Storage Buffer:

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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:
FACS: 0.5-1ug/10^6 cells
IF: 1-2ug/ml
IHC (FFPE): 0.5-1ug/ml 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 IgG4 antibody to be titered up or down for optimal performance.

1. Staining of FFPE tissue is enhanced by boiling sections in 10mM Tris with 1mM EDTA
pH9 for 10-20 min followed by cooling at RT for 20 min.

Storage Instruction:
Store the 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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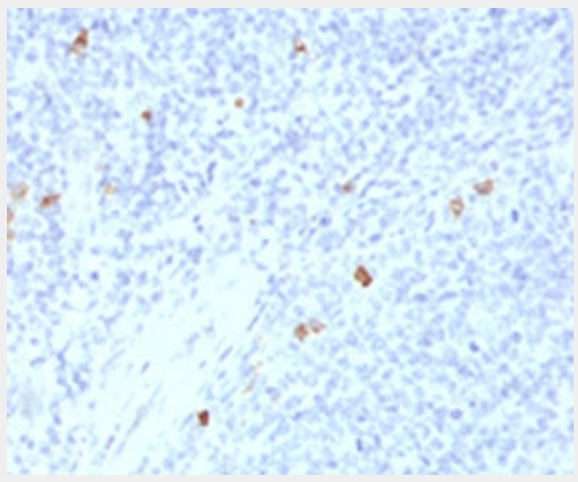

IHC testing of human tonsil with IgG4 antibody (clone IHCG4-1).

All products are for RESEARCH USE ONLY. Not for diagnostic & therapeutic purposes!