Recombinant IgG4 (Fc) (Ig Heavy Constant Gamma 4) Antibody

Rabbit Monoclonal Antibody [Clone IGHG4/13367R]

Catalog No	Format	Size
3503-RBM5-P0	Purified Ab with BSA and Azide at 200ug/ml	20 ug
3503-RBM5-P1	Purified Ab with BSA and Azide at 200ug/ml	100 ug
3503-RBM5-P1ABX	Purified Ab WITHOUT BSA and Azide at 1.0mg/ml	100 ug

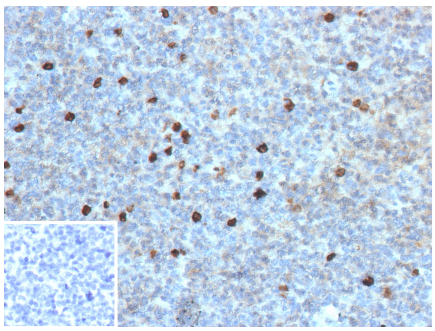
Applications	Tested Dillution	Note
Immunohistochemistry (IHC)	1-2ug/ml	30 min at RT. Staining of formalin-fixed tissues requires heating tissue sections in 10mM Tris with 1mM EDTA, pH 9.0, for 45 min at 95°C followed by cooling at RT for 20 minutes
Western Blot (WB)	2-4ug/ml	

Product Details

Clone	IGHG4/13367R
Gene Name	IGHG4
Immunogen	Recombinant fragment (around aa1-200) of human IGHG4 protein (exact sequence is proprietary)
Host	Rabbit
Clonality	Monoclonal
Isotype / Light Chain	IgG / Kappa
Mol. Weight of Antigen	36kDa
Cellular Localization	Cell membrane, Secreted
Species Reactivity	Human
Positive Control	Human tonsil.

**Optimal dilution for a specific application should be determined.*

Product Images for Recombinant IgG4 (Fc) (Ig Heavy Constant Gamma 4) Antibody



Formalin-fixed, paraffin-embedded human tonsil stained with IgG4 (Fc) Recombinant Rabbit Monoclonal Antibody (IGHG4/13367R). Inset: PBS instead of primary antibody; secondary only negative control.

Specificity & Comments

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. Clinical manifestations are apparent in the pancreas, bile duct, gall bladder, lacrimal gland, salivary gland, retroperitoneum, kidney, lung, breast, thyroid, and prostate. Immunohistochemical analyses in the case of IgG4-related sclerosing disease not only exhibit significantly more than normal IgG4-positive plasma cells in affected tissues but also significantly higher IgG4/IgG ratios (typically > 30%). IgG4 antibodies will dominate the IgG response in schistosomiasis, lymphatic filariasis, and in patients after allergen immunotherapy. Unlike the other IgG subclasses, IgG4 does not activate complement. A combined IgA-IgG4 deficiency has been associated with recurrent pyogenic infections.

Supplied As

200ug/ml of Ab produced in CHO cell mammalian-based expression system. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available WITHOUT BSA & azide at 1.0mg/ml.

Storage and Stability

Antibody with azide - store at 2 to 8°C. Antibody without azide - store at -20 to -80°C. Antibody is stable for 24 months. Non-hazardous. No MSDS required.

Research Areas

B Cell Markers

Limitations and Warranty