Product Data Sheet

PE anti-mouse CD200 (OX2)

Catalog # / Size: 1219040 / 200 μg

1219035 / 50 µg

Clone: OX-90

Isotype: Rat IgG2a, κ

Immunogen: Soluble fusion protein of the

extracellular region of mouse OX-2 antigen with domains 3 and 4 of rat CD4

fusion protein.

Reactivity: Mouse

Preparation: The antibody was purified by affinity

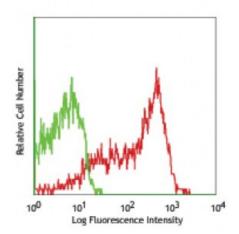
chromatography, and conjugated with PE under optimal conditions. The solution is free of unconjugated PE and

unconjugated antibody.

Formulation: Phosphate-buffered solution, pH 7.2,

containing 0.09% sodium azide.

Concentration: 0.2



BALB/c mouse splenocytes stained

with OX-90 PE

Applications:

Applications: Flow Cytometry

Recommended

Usage:

Each lot of this antibody is quality control tested by immunofluorescent staining with flow cytometric analysis. For flow cytometric staining, the suggested use of

this reagent is ≤1.0 microg per million cells in 100 microL volume. It is recommended that the reagent be titrated for optimal performance for each

application.

Description: CD200 (OX-2 antigen) is a type-1 membrane glycoprotein containing two

extracellular Ig-like domains. CD200 a highly conserved type I membrane glycoprotein that is expressed on a variety of cell types including thymocytes, some T cells, endothelial and follicular dendritc cells, B cells, and brain tissue (neurons); but not on NK cells, granulocytes, monocytes, or macrophages. CD200 costimulates T cell proliferation. It may regulate myeloid cell activity in a variety of tissues. CD200 is the ligand for CD200 receptor (CD200R). The CD200

Receptor is restricted to myeloid cells, and it is believed that its engagement with CD200 results in inhibition and/or downregulation of myeloid cell activity. Blocking of CD200/CD200R interactions decreases myeloid cell inhibitory

thresholds which results in enhanced immune activation.

Antigen References:

1. Hoek RM, et al. 2000. Science 290:1768.

2. Gorczynski R, et al. 2004. J. of Immunol. 172:7744.

3. Gorczynski L, et al. 1999. J. Immunol. 162:774.

4. Rosenblum MD, et al.