Brilliant Violet 510™ anti-human CD16

Catalog # / Size: 2110240 / 100 tests

2110235 / 25 tests

Clone: 3G8

Isotype: Mouse IgG1, κ

Immunogen: Human PMN cells

Reactivity: Human

Preparation: The antibody was purified by affinity

chromatography and conjugated with Brilliant Violet 510™ under optimal conditions. The solution is free of unconjugated Brilliant Violet 510™ and

unconjugated antibody.

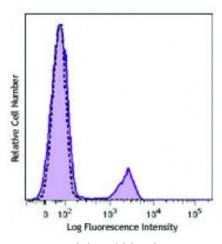
Formulation: Phosphate-buffered solution, pH 7.2,

containing 0.09% sodium azide and BSA

(origin USA).

Workshop Number: V NK80

Concentration: Lot-specific



Human peripheral blood lymphocytes were stained with CD16 (clone 3G8) Brilliant Violet 510^{TM} .

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 ≤5 microL per million cells or 5 microL per 100 microL of whole blood. It is recommended that the reagent be titrated for optimal performance for each application.

Brilliant Violet 510™ excites at 405 nm and emits at 510 nm. The bandpass filter 510/50 nm is recommended for detection, although filter optimization may be required depending on other fluorophores used. **Be sure to verify that your cytometer configuration and software setup are appropriate for detecting this channel.** Refer to your instrument manual or manufacturer for support. Brilliant Violet 510™ is a trademark of Sirigen Group Ltd.

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Application Notes:

The 3G8 antibody blocks neutrophil phagocytosis and stimulates NK cell proliferation. Additional reported applications (for the relevant formats) include: immunohistochemical staining of acetone-fixed frozen tissue sections⁶, immunoprecipitation3, stimulation of NK cell proliferation4, blocking of phagocytosis5, and blocking of immunoglobulin binding to Fc γ RIII^{7,8}. The LEAF purified antibody (Endotoxin <0.1 EU/ μ g, Azide-Free, 0.2 μ m filtered) is recommended for functional assays (Cat. No. 302014). For highly sensitive assays, we recommend Ultra-LEAF purified antibody (Cat. No. 302050) with a lower endotoxin limit than standard LEAF purified antibodies (Endotoxin <0.01

EU/microg).

Application References:

- 1. Knapp W, et al. Eds. 1989. Leucocyte Typing IV. Oxford University Press. New York
- 2. Schlossman S, *et al.* Eds. 1995. Leucocyte Typing V. Oxford University Press. New York.
- 3. Edberg J, et al. 1997. J. Immunol. 159:3849. (IP)
- 4. Hoshino S, et al. 1991. Blood 78:3232. (Stim)
- 5. Tamm A, et al. 1996. Immunol. 157:1576. (Block)
- 6. Da Silva DM, et al. 2001. Int. Immunol. 13:633. (IHC)
- 7. Holl V, et al. 2004. J. Immunol. 173:6274. (Block)
- 8. Hober D, et al. 2002. J. Gen. Virol. 83:2169. (Block)
- 9. Brainard DM, et al. 2009. J. Virol. 83:7305. PubMed
- 10. Smed-Sörensen A, et al. 2008. Blood 111:5037. (Block) PubMed
- 11. Timmerman KL, et al. 2008. J. Leukoc. Biol. 84:1271. (FC) PubMed
- 12. Yoshino N, et al. 2000. Exp. Anim. (Tokyo) 49:97. (FC)
- 13. Rout N, et al. 2010. PLoS One 5:e9787. (FC)
- 14. Kim WK, et al. 2006. Am. J. Pathol. 168:822. (FC)
- 15. Boltz A, et al. 2011. J. Biol Chem. 286:21896. PubMed
- 16. Wu Z, et al. 2013. J. Virol. 87:7717. PubMed

Description:

CD16 is known as low affinity IgG receptor III (Fc γ RIII). It is expressed as two distinct forms (CD16a and CD16b). CD16a (Fc γ RIIIA) is a 50-65 kD polypeptide-anchored transmembrane protein. It is expressed on the surface of NK cells, activated monocytes, macrophages, and placental trophoblasts in humans. CD16b (Fc γ RIIIB) is a 48 kD glycosylphosphatidylinositol (GPI)-anchored protein. Its extracellular domain is over 95% homologous to that of CD16a, and it is expressed specifically on neutrophils. CD16 binds aggregated IgG or IgG-antigen complex which functions in NK cell activation, phagocytosis, and antibody-dependent cell-mediated cytotoxicity (ADCC).

Antigen References:

- 1. Fleit H, et al. 1982. P. Natl. Acad. Sci. USA 79:3275.
- 2. Stroncek D, et al. 1991. Blood 77:1572.
- 3. Wirthmueller U, et al. 1992. J. Exp. Med. 175:1381.