SONY

Product Data Sheet

Pacific Blue™ anti-human CD19

Catalog # / Size: 2111160 / 100 tests
2111115 / 25 µg

2111120 / 100 µg

Clone: HIB19

Isotype: Mouse IgG1, κ

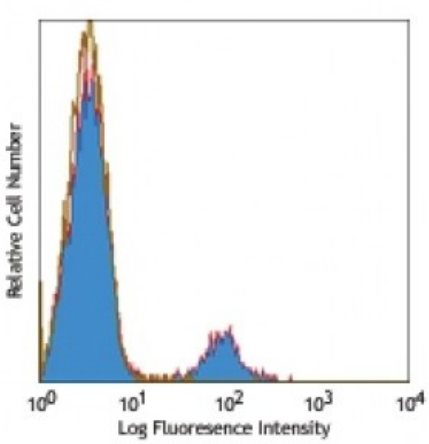
Reactivity: Human

Preparation: The antibody was purified by affinity chromatography, and conjugated with Pacific Blue™ under optimal conditions. The solution is free of unconjugated Pacific Blue™ .

Formulation: test size: Phosphate-buffered solution, pH 7.2, containing 0.09% sodium azide and 0.2% (w/v) BSA (origin USA). microg sizes: Phosphate-buffered solution, pH 7.2, containing 0.09% sodium azide.

Workshop Number: V CD19.11

Concentration: test size: lot-specific; microg sizes: 0.5 mg/ml



Human peripheral blood lymphocytes stained with HIB19 Pacific Blue™

Applications:

Applications: Flow Cytometry

Recommended Usage: Each lot of this antibody is quality control tested by immunofluorescent staining with flow cytometric analysis.
For test sizes, the suggested use of this reagent for immunofluorescent staining is 5 microL per 10^6 cells in 100 microL volume.
For microg sizes, the suggested use of this reagent for immunofluorescent staining is ≤ 0.5 microg per 10^6 cells in 100 microL volume.
It is recommended that the reagent be titrated for optimal performance for each application.

* Pacific Blue™ has a maximum emission of 455 nm when it is excited at 405 nm. Prior to using Pacific Blue™ conjugate for flow cytometric analysis, please verify your flow cytometer's capability of exciting and detecting the fluorochrome.

Application Notes: Additional reported applications (for the relevant formats) include: immunohistochemical staining of acetone-fixed frozen tissue sections[8] and blocking of B cell proliferation. Clone HIB19 is not recommended for formalin-fixed paraffin-embedded sections. The LEAF™ purified antibody (Endotoxin <0.1 EU/µg, Azide-Free, 0.2 µm filtered) is recommended for functional assays (Cat. No. 302214).

Application References:

1. Schlossman S, *et al.* 1995. Leucocyte Typing V. Oxford University Press. New York.
2. Knapp W, *et al.* 1989. Leucocyte Typing IV. Oxford University Press. New York.
3. Bradbury L, *et al.* 1993. *J. Immunol.* 151:2915.
4. Joseph A, *et al.* 2010. *J. Virol.* 84:6645. PubMed
5. Wang X, *et al.* 2010. *Haematologica.* 95:884. (FC) PubMed

6. Walker JD, *et al.* 2009. *J. Immunol.* 182:1548. (Block) PubMed
7. Yoshino N, *et al.* 2000. *Exp. Anim. (Tokyo)* 49:97. (FC)
8. Hansen A, *et al.* 2002. *Arthritis Rheum.* 46:2160. (IHC)
9. Santos JM, *et al.* 2013. *J Transl Med.* 11:18. PubMed
10. Bartholomaeus P, *et al.* 2014. *J. Immunol.* 192:2091. PubMed
11. Steinsbo O, *et al.* 2014. *Nat Commun.* 5:4041. PubMed
12. Della-Torre E, *et al.* 2014. *Ann Rheum Dis.* PubMed
13. Tungatt K, *et al.* 2015. *J Immunol.* 194:463. PubMed

Description: CD19 is a 95 kD type I transmembrane glycoprotein also known as B4. It is a member of the immunoglobulin superfamily expressed on B-cells (from pro-B to blastoid B cells, absent on plasma cells) and follicular dendritic cells. CD19 is involved in B cell development, activation, and differentiation. CD19 forms a complex with CD21 (CR2) and CD81 (TAPA-1), and functions as a BCR co-receptor.

Antigen References:

1. Tedder T, *et al.* 1994. *Immunol. Today* 15:437.
2. Bradbury L, *et al.* 1993. *J. Immunol.* 151:2915.