SONY

Product Data Sheet

Biotin anti-human FcεRIα

Catalog # / Size: 2273030 / 100 µg

Clone: AER-37 (CRA-1)

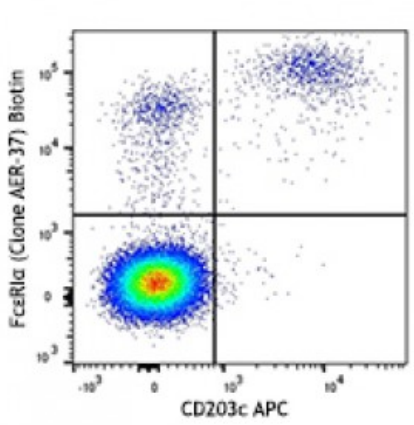
Isotype: Mouse IgG2b, κ

Reactivity: Human

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

Formulation: Phosphate-buffered solution, pH 7.2, containing 0.09% sodium azide.

Concentration: 0.5

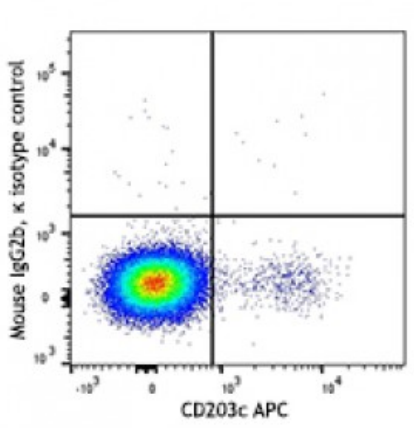


Human peripheral blood lymphocytes were stained with CD203c APC and biotinylated FcεRIα (clone AER-37) (top), or biotinylated mouse IgG2b, κ isotype control (bottom), followed by SAV-PE.

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 10^6 cells in 100 microL volume or 100 microL of whole blood. It is recommended that the reagent be titrated for optimal performance for each application.



Application Notes: Clone AER-37 (CRA-1) has been reported to bind the receptor even in the presence of IgE.4

Application References:

1. Yamaguchi M, *et al.* 1999. *J. Immunol.* 162:5455.
2. Suzukawa M, *et al.* 2005. *Int. Immunol.* 17:1249.
3. Charles N, *et al.* 2010. *Nat. Med.* 16:701. (FC) PubMed
4. Yamaguchi M, *et al.* 1999. *J. Immunol.* 162:5455.

Description: High affinity IgE receptor (FcεRI) plays a key role in IgE-mediated allergic immune response. FcεRI is a tetrameric receptor complex, which is composed of one α-subunit (FcεRIα), one β-subunit, and two γ-subunits. FcεRIα directly binds IgE with high affinity, while the β- and γ-chains are responsible for mediating intracellular signals. FcεRIα is a 50 kD transmembrane protein with Ig superfamily structure. It is primarily found on mast cells and basophils. Further studies have indicated that FcεRIα is also expressed on many inflammatory cells including cutaneuos Langerhans cells, dendritic cells, monocytes of patients with allergic disorders, platelets, bronchial epithelial cells, eosinophils produced in hypereosinophilic syndrome, and neutrophils from allergy-induced asthma patients.

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Antigen References:
1. Riske F, *et al.* 1991. *J. Biol. Chem.* 266:11245
2. Gounni AS, *et al.* 2001. *FASEB J.* 15:940.
3. Maurer D, *et al.* 1996. *J. Immunol.* 157:607
4. Maurer d, *et al.* 1994. *J. E*