SONY

Product Data Sheet

PE anti-human CD223 (LAG-3)

Catalog # / Size: 2446025 / 25 tests
2446030 / 100 tests

Clone: 7H2C65

Isotype: Mouse IgG1, κ

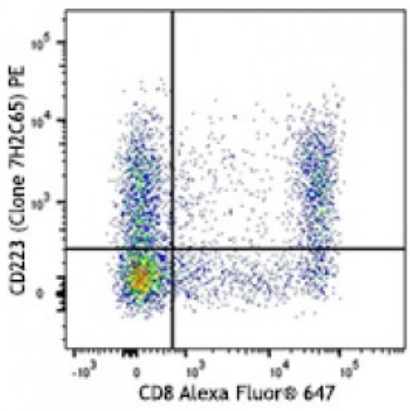
Immunogen: Human LAG-3 transfected cells.

Reactivity: Human

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 and 0.2% (w/v) BSA (origin USA).

Concentration: Lot-specific



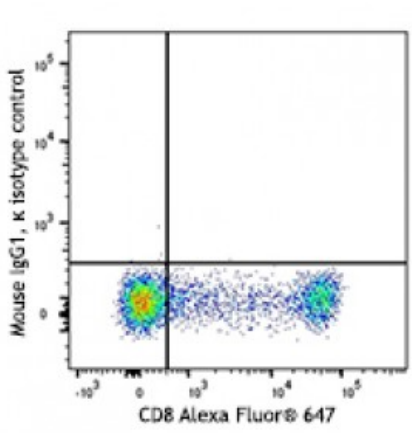
CD3/CD28/IL-2 stimulated (three days) peripheral blood monocular cells (PBMCs) were stained with CD8 Alexa Fluor® 647 and CD223 (clone 7H2C65) PE (top) or mouse IgG1, κ PE isotype control (bottom).

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.

Application Notes: The staining of clone 7H2C65 cannot be blocked by clone 11C3C65, which is another anti-human CD223 (LAG-3) antibody.



Description: CD223, also known as LAG-3, is a 70 kD type I transmembrane glycoprotein that is involved in T-cell signaling. Similar to CD4, CD223 binds MHC class II, but with a higher affinity. CD223 negatively regulates T-cell activation. It is expressed by activated T-cells and natural killer cells (NKs), as well as regulatory T-cells. It is transiently expressed on the surface of activated T-cells in acute conditions but high expression is maintained under tolerizing conditions. CD223 deficiency results in reduced tumor growth. CD223 and PD-1 can act in synergy and reverse exhausted phenotypes, improve tumor rejection, and control viral load.

Antigen References:

1. Castelli C, *et al.* 2014. *Oncoimmunology* 3(11):e967146.
2. Poirier N, *et al.* 2011. *Clin. Exp. Immunol.* 164:265.
3. Juno JA, *et al.* 2015. *Retrovirology* 12:17.
4. Casati C, *et al*

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