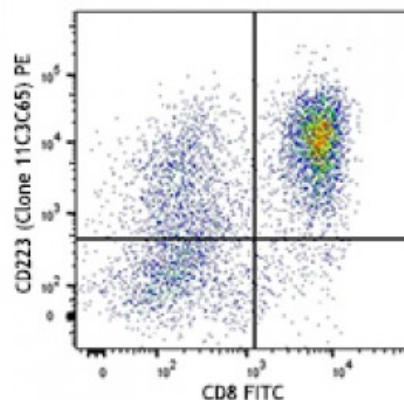


## PE anti-human CD223 (LAG-3)

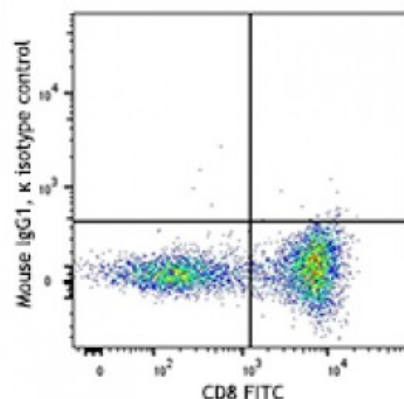
<b>Catalog # / Size:</b>	2446525 / 25 tests 2446530 / 100 tests
<b>Clone:</b>	11C3C65
<b>Isotype:</b>	Mouse IgG1, $\kappa$
<b>Immunogen:</b>	Human LAG-3 transfected cells.
<b>Reactivity:</b>	Human
<b>Preparation:</b>	The antibody was purified by affinity chromatography and conjugated with PE under optimal conditions. The solution is free of unconjugated PE and unconjugated antibody.
<b>Formulation:</b>	Phosphate-buffered solution, pH 7.2, containing 0.09% sodium azide and 0.2% (w/v) BSA (origin USA).
<b>Concentration:</b>	0.5



CD3/CD28/IL-2 stimulated (three days) peripheral blood mononuclear cells were stained with CD8 FITC and CD223 (clone 11C3C65) PE (top) or mouse IgG1,  $\kappa$  PE isotype control (bottom).

## Applications:

<b>Applications:</b>	Flow Cytometry
<b>Recommended Usage:</b>	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.
<b>Application Notes:</b>	The staining of clone 11C3C65 cannot be blocked by clone 7H2C65, 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:**

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