

**PE/Cy7 anti-human CD223 (LAG-3)**

**Catalog # / Size:** 2446545 / 25 tests  
2446550 / 100 tests

**Clone:** 11C3C65

**Isotype:** Mouse IgG1, κ

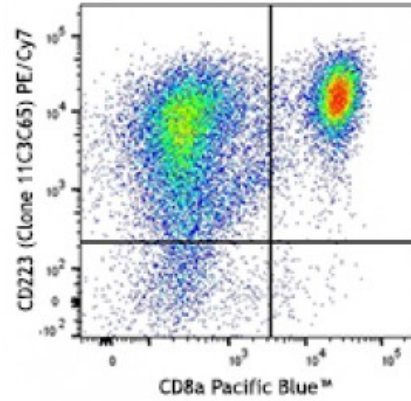
**Immunogen:** Human LAG-3 transfected cells.

**Reactivity:** Human

**Preparation:** The antibody was purified by affinity chromatography and conjugated with PE/Cy7 under optimal conditions. The solution is free of unconjugated PE/Cy7 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



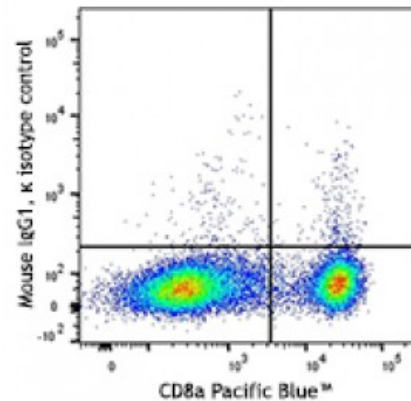
CD3/CD28/IL-2 stimulated (three days) peripheral blood mononuclear cells were stained with CD8a Pacific Blue™ and CD223 (clone 11C3C65) PE/Cy7 (top) or mouse IgG1, κ PE/Cy7 isotype control (bottom).

**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 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:**
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*