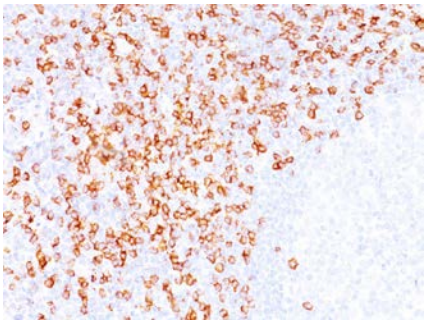
CD8A (Cytotoxic & Suppressor T-Cell Marker): Clone C8/468 & C8/144B (Concentrate)

Description:

Species:	Mouse
Immunogen:	Human CD8 recombinant protein (C8/468); A 13 amino acid synthetic peptide from the C-terminal cytoplasmic domain of alpha chain of human CD8 molecule (C8/144B)
Clone:	C8/468 & C8/144B
Isotype:	IgG1, kappa (C8/468); IgG1, kappa (C8/144B)
Entrez Gene ID:	925 (Human)
Hu Chromosome Loc.:	2p11.2
Synonyms:	CD8 antigen, alpha polypeptide (p32), T8/Leu-2 T-lymphocyte differentiation antigen, Ly3, LYT3, MAL, T-cell surface glycoprotein CD8 alpha chain
Mol. Weight of Antigen:	32kDa
Format:	200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.
Specificity:	CD8 is a 68 kDa transmembrane glycoprotein expressed as a heterodimer by a majority of thymocytes, and by major histocompatibility complex (MHC) class I restricted, mature, suppressor/cytotoxic T-cells.
Background:	CD8 is a cell surface receptor expressed either as a heterodimer with the CD8 beta chain (CD8 alpha/beta) or as a homodimer (CD8 alpha/alpha). A majority of thymocytes and a subpopulation of mature T-cells and NK cells express CD8a. CD8 binds to MHC class I and through its association with protein tyrosine kinase p56lck plays a role in T-cell development and activation of mature T-cells. For mature T-cells, CD4 and CD8 are mutually exclusive, so anti-CD8 is generally used in conjunction with anti-CD4. It is a useful marker for distinguishing helper/inducer T-lymphocytes, and most peripheral T-cell lymphomas are CD4+/CD8-. Anaplastic large cell lymphoma is usually CD4+ and CD8-, and in T-lymphoblastic lymphoma/leukemia, CD4 and CD8 are often co-expressed. CD8 is also found in littoral cell angioma of the spleen.
Species Reactivity:	Human. Others not known.
Positive Control:	HuT78 or hPBL. Tonsil.
Cellular Localization:	Cell surface
Titer/ Working Dilution:	Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 µg/ml Flow Cytometry: 0.5-1 µg/million cells Immunofluorescence: 0.5-1 µg/ml Western Blotting: 0.5-1 µg/ml Immunoprecipitation: 0.5-1 µg/500µg protein lysate
Microbiological State:	This product is not sterile.

Uses/Limitations:

Not to be taken internally.
For Research Use Only.
This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
Do not use if reagent becomes cloudy.
Do not use past expiration date.
Non-Sterile.



Formalin-fixed, paraffin-embedded human tonsil (20X) stained with CD8 MAb (C8/468 & C8/144B).

Procedure: Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with sodium citrate-based antigen retrieval. We suggest an antibody incubation period of 30-60 minutes at room temperature or overnight at 2-8 C. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user. For maximum staining intensity, we recommend using AviBond Ultra for detection and DAB Clarity Ultra products for visualization.

Precautions: Contains Sodium Azide as a preservative (0.09% w/v).
Do not pipette by mouth.
Avoid contact of reagents and specimens with skin and mucous membranes.
Avoid microbial contamination of reagents or increased nonspecific staining may occur.
This product contains no hazardous material at a reportable concentration according to U.S. 29 CFR 1910.1200, OSHA Hazardous Communication Standard and EC Directive 91/155/EC.

Warranty: No products or "Instructions For Use (IFU)" are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our IFU or website. Our warranty is limited to the actual price paid for the product. Teomics is not liable for any property damage, personal injury, time or effort or economic loss caused by our products. Immunohistochemistry is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue specimen may cause variations in results. Endogenous peroxidase activity or pseudoperoxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used.

References:

1. Mason DY, et. al. Journal of Clinical Pathology, 1992, 45(12):1084-8.