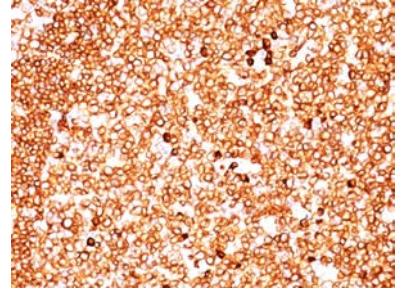


# CD79a (B-Cell Marker): Clone JCB117 (Concentrate)

**Description:**

Species:	Mouse
Immunogen:	A synthetic peptide corresponding to aa 202-216 (GTYQDVGSLNIADVQ) of human CD79a protein.
Clone:	JCB117
Isotype:	IgG1, kappa
Entrez Gene ID:	973 (Human)
Hu Chromosome Loc.:	19q13.2
Synonyms:	B-lymphocyte-specific MB1 protein, B-cell antigen receptor complex-associated protein alpha chain, CD79a molecule immunoglobulin associated alpha, Ig-alpha, IGA, IgM-alpha, Immunoglobulin-associated alpha, Ly54, MB-1 membrane glycoprotein, Membrane-bound immunoglobulin-associated protein, Surface IgM-associated protein.
Mol. Weight of Antigen:	44kDa
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:	Anti-CD79a is generally used to complement anti-CD20 especially for mature B-cell lymphomas after treatment with Rituximab (anti-CD20). This antibody will stain many of the same lymphomas as anti-CD20, but also is more likely to stain B-lymphoblastic lymphoma/leukemia than is anti-CD20. Anti-CD79a also stains more cases of plasma cell myeloma and occasionally some types of endothelial cells as well.
Background:	A disulphide-linked heterodimer, consisting of mb-1 (or CD79a) and B29 (or CD79b) polypeptides, is non-covalently associated with membrane-bound immunoglobulins on B-cells. This complex of mb-1 and B29 polypeptides and immunoglobulin constitute the B-cell Ag receptor. CD79a first appears at pre-B-cell stage, early in maturation, and persists until the plasma cell stage where it is found as an intracellular component. CD79a is found in the majority of acute leukemias of precursor B-cell type, in B-cell lines, B-cell lymphomas, and in some myelomas. It is not present in myeloid or T-cell lines.
Species Reactivity:	Human. Others not known.
Positive Control:	Daudi or Ramos cells. Germinal center B-cells in a lymph node or 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 CD79a MAb (JCB117).

**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. 1995. Blood 86: 1453-1459.