

MOUSE ANTI-HUMAN CD93 (C1qRp) R-PHYCOERYTHRIN-CONJUGATED MONOCLONAL ANTIBODY

CATALOG NUMBER:	MAB4313P	QUANTITY:	100 µg
LOT NUMBER:		CONCENTRATION:	
ALTERNATE NAMES:	C1qRp	HOST/ISOTYPE:	IgM
CLONE NAME:	R3		
BACKGROUND:	CD93 (C1qRp) is a 90-120kD protein that is highly expressed on monocytes/macrophages, neutrophils and granulocytes. CD93 is not expressed upon T and B lymphocytes. C1qRp binds C1q, the recognition subunit of the first component (C1) of the complement pathway, as well as MBL (Mannose-binding-lectin) and SPA (Pulmonary Surfactant Protein A). However, CD93 is not necessary for the binding of C1q or for inducing C1q-mediated enhancement of phagocytic activity. Recent evidence suggests that CD93 may define a new human stem cell population with hematopoietic and hepatic potential 3.		
SPECIFICITY:	Recognizes human CD93 (C1qRp).		
APPLICATIONS:	Immunocytochemistry: Recommended antibody dilution: 5-10 µg/ml Fixative: 4% Paraformaldehyde / PBS Blocking buffer: 2% BSA / 2% Normal serum / PBS Dilution Buffer: 2% BSA / 2% Normal serum / PBS Incubation Times/Temperature: 1 hour at room temperature FACS Analysis: Suggested dilution/number of cells: 2 µg/million cells Fixation/Permeabilization used: 1% Paraformaldehyde		
	Optimal working dilutions must be determined by end user.		
SPECIES REACTIVITY:	Human		
IMMUNOGEN:	C1q tail binding proteins		
CONTROL:	Recommended controls: Positive: U937 monocytes; Negative: T cells		
FORMAT:	R-Phycoerythrin-conjugated immunoglobulin.		
PRESENTATION:	Liquid in PBS, pH 7.4, with 0.1% sodium azide.		
STORAGE/HANDLING:	Maintain refrigerated at 2-8°C in undiluted aliquots for up to 12 months from date of receipt. Protect from light.		
REFERENCES:	 Park M. <i>et al.</i> (2003). <i>J.Ce</i> Maruyamama H. <i>et al.</i> (20 Danet G.H. <i>et al.</i> (2002). 	03). Ped. Research 54 : 724	



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For research use only; not for use as a diagnostic.

Important Note: During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For products with volumes of 200 μ L or less, we recommend gently tapping the vial on a hard surface or briefly centrifuging the vial in a tabletop centrifuge to dislodge any liquid in the container's cap.

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