



1B-218-C025

Monoclonal Antibody to CD25 Biotin conjugated (0.025 mg)

Clone:	MEM-181
Isotype:	Mouse IgG1
Specificity:	The antibody MEM-181 reacts with CD25 (Interleukin-2 receptor alpha chain), a 55 kDa type I transmembrane glycoprotein expressed on activated B and T lymphocytes, activated monocytes/macrophages and on CD4+ T lymphocytes (T regulatory cells); it is lost on resting B and T lymphocytes. HLDA VI; WS Code NL N-L024
Immunogen:	PHA-activated peripheral blood leucocytes
Species Reactivity:	Human
Preparation:	The purified antibody is conjugated with Biotin-LC-NHS under optimum conditions. The reagent is free of unconjugated biotin.
Concentration:	1 mg/ml
Storage Buffer:	Phosphate buffered saline (PBS) with 15 mM sodium azide, approx. pH 7.4
Storage / Stability:	Store at 2-8°C. Do not freeze. Do not use after expiration date stamped on vial label.
Usage:	The reagent is designed for Flow Cytometry analysis. Suggested working dilution is 1:500. Indicated dilution is recommended starting point for use of this product. Working concentrations should be determined by the investigator.
Expiration:	See vial label
Lot Number:	See vial label
Background:	CD25 (IL2Ralpha, Tac) is a ligand-binding alpha subunit of interleukin 2 receptor (IL2R). Together with beta and gamma subunit CD25 constitutes the high affinity IL2R, whereas CD25 alone serves as the low affinity IL2R. CD25 expression rapidly increases upon T cell activation. The 55 kDa CD25 molecule is enzymatically cleaved and shed from the cell surface as a soluble 45 kDa s-Tac, whose concentration in serum can be used as a marker of T cell activation. Expression of CD25 indicates the neoplastic phenotype of mast cells. Humanized anti CD25 antibodies represent a useful tool to reduce the incidence of allograft rejection as well as the severity of graft versus host reaction, and radioimmunoconjugates of anti-CD25 antibodies can be used against CD25 expressing lymphomas.

For laboratory research only, not for drug, diagnostic or other use.



Antibodies

References:

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*Morris JC, Waldmann TA: Advances in interleukin 2 receptor targeted treatment. *Ann Rheum Dis*. 2000 Nov;59 Suppl 1:i109-14.

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