Overview

Product name: Anti-Mycobacterium tuberculosis antibody
Description: Rabbit polyclonal to Mycobacterium tuberculosis
Host species: Rabbit
Specificity: This antibody is reactive with other Mycobacteria species including: M. avium, M. phlei, and M. parafortuitum. This antibody has been reported not to be reactive with E. coli K12, Salmonella typhimurium, Pseudomonas aeruginosa, Streptococcus (group B), Candida albicans and Neisseria meningitides.

Tested applications: Suitable for: ICC/IF, IHC-P, IHC-Fr

Species reactivity

Immunogen: Purified Protein Derivative
Positive control: Infected lung

Properties

Form: Liquid
Storage instructions: Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C or -80°C. Avoid freeze / thaw cycle.
Storage buffer: Preservative: 0.1% Sodium Azide
Constituents: PBS, Carrier protein, Da Vinci Green Diluent, pH 7.3
Purity: IgG fraction
Clonality: Polyclonal
Isotype: IgG

Applications

Our Abpromise guarantee covers the use of ab905 in the following tested applications.
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

<table>
<thead>
<tr>
<th>Application</th>
<th>Abreviews</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>ICC/IF</td>
<td>Use at an assay dependent concentration. PubMed: 24475192</td>
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</table>
Mycobacterium tuberculosis is the most common cause of tuberculosis. Primary infection begins with inhalation of 1 to 10 aerosolised bacilli. The pathogenicity of the organism is determined by its ability to escape host immune responses as well as eliciting delayed hypersensitivity. Alveolar macrophages engulf the invading cells but are unable to mount an effective defense. Several virulence factors are responsible for this apparent failure; most notably in the mycobacterial cell wall are the cord factor, lipoarabinomannan, and the 65 kd heat shock protein or HSP65. The emergence of new strains of resistant Mycobacterium tuberculosis has created new interest in clinical diagnosis. Studies have shown immunohistochemical techniques to be superior to conventional special stains. Thus the demonstration of mycobacterial antigens are not only useful in establishing mycobacterial aetiology, but can also be used as an alternative method to the conventional Ziehl-Neelsen method.

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<td>IHC-P</td>
<td>1/100 - 1/200. Perform enzymatic antigen retrieval before commencing with IHC staining protocol. ABC method.</td>
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<tr>
<td>IHC-Fr</td>
<td>1/100 - 1/200. ABC method.</td>
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**Target**

**Relevance**

Mycobacterium tuberculosis is the most common cause of tuberculosis. Primary infection begins with inhalation of 1 to 10 aerosolised bacilli. The pathogenicity of the organism is determined by its ability to escape host immune responses as well as eliciting delayed hypersensitivity. Alveolar macrophages engulf the invading cells but are unable to mount an effective defense. Several virulence factors are responsible for this apparent failure; most notably in the mycobacterial cell wall are the cord factor, lipoarabinomannan, and the 65 kd heat shock protein or HSP65. The emergence of new strains of resistant Mycobacterium tuberculosis has created new interest in clinical diagnosis. Studies have shown immunohistochemical techniques to be superior to conventional special stains. Thus the demonstration of mycobacterial antigens are not only useful in establishing mycobacterial aetiology, but can also be used as an alternative method to the conventional Ziehl-Neelsen method.

**Images**

Lung tissue stained with ab905 at 1/500.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Mycobacterium tuberculosis antibody (ab905)

**Please note:** All products are "FOR RESEARCH USE ONLY AND ARE NOT INTENDED FOR DIAGNOSTIC OR THERAPEUTIC USE"

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