

Product datasheet

Anti-Mycobacterium tuberculosis (Hsp-65) antibody [3F7] ab69618

1 References

Overview

| | |
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| Product name | Anti-Mycobacterium tuberculosis (Hsp-65) antibody [3F7] |
| Description | Mouse monoclonal [3F7] to Mycobacterium tuberculosis (Hsp-65) |
| Specificity | Cross reacts with hsp60 family members: Human, mouse, rat, cow, hamster, guinea pig, E. coli, and Drosophila |
| Tested applications | Suitable for: WB |
| Species reactivity | Reacts with Mycobacterium bovis and Mycobacterium leprae. |
| Immunogen | Recombinant protein isolated from Mycobacterium bovis |
| Positive control | GroEL Protein, Hsp60 Protein, Hsp65 Protein. |

Properties

| | |
|-----------------------------|---|
| Form | Liquid |
| Storage instructions | Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles. |
| Storage buffer | Preservative: 0.09% Sodium azide Constituent: PBS |
| Purity | Ammonium Sulphate Precipitation |
| Clonality | Monoclonal |
| Clone number | 3F7 |
| Isotype | IgM |

Applications

Our [Abpromise guarantee](#) covers the use of **ab69618** in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

| Application | Abreviews | Notes |
|-------------|-----------|---|
| WB | | 1/1000. Predicted molecular weight: 65 kDa. |

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.

Cellular localization

Cytoplasmic

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