abcam

Product datasheet

Anti-CD8 alpha antibody [C8/144B] ab17147

★★★★★ 9 Abreviews 87 References 4 Images

Overview

Product name Anti-CD8 alpha antibody [C8/144B]

Description Mouse monoclonal [C8/144B] to CD8 alpha

Host species Mouse

Tested applications Suitable for: Flow Cyt, IHC-P

Species reactivity Reacts with: Human

Immunogen Synthetic peptide corresponding to Human CD8 alpha (C terminal).

Database link: P01732

Positive control IHC-P: Human tonsil tissue. Flow Cyt: Human peripheral blood lymphocytes.

General notesThe Life Science industry has been in the grips of a reproducibility crisis for a number of years.

Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets

your needs before purchasing.

If you have any questions, special requirements or concerns, please send us an inquiry and/or

contact our Support team ahead of purchase. Recommended alternatives for this product can be

found below, along with publications, customer reviews and Q&As

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 pH: 7.3

Preservative: 0.05% Sodium azide

Constituents: Tissue culture supernatant, 1% BSA

Purity Tissue culture supernatant

ClonalityMonoclonalClone numberC8/144BIsotypeIgG1

Light chain type kappa

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab17147 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
Flow Cyt		1/100. ab170190 - Mouse monoclonal lgG1, is suitable for use as an isotype control with this antibody.
IHC-P	★★★★★ (6)	1/50 - 1/100. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Target

Function	Identifies cytotoxic/suppressor T-cells that interact with MHC class	s I bearing targets. CD8 is

thought to play a role in the process of T-cell mediated killing. CD8 alpha chains binds to class I

MHC molecules alpha-3 domains.

Involvement in disease Defects in CD8A are a cause of familial CD8 deficiency (CD8 deficiency) [MIM:608957]. Familial

CD8 deficiency is a novel autosomal recessive immunologic defect characterized by absence of

CD8+ cells, leading to recurrent bacterial infections.

Sequence similaritiesContains 1 lg-like V-type (immunoglobulin-like) domain.

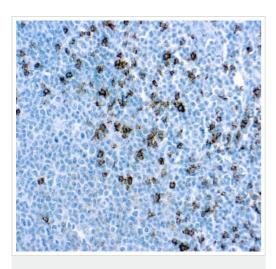
Post-translational All of the five most carboxyl-terminal cysteines form inter-chain disulfide bonds in dimers and

higher multimers, while the four N-terminal cysteines do not.

Cellular localization Secreted and Cell membrane.

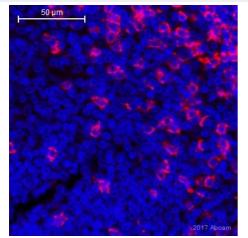
Images

modifications



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-CD8 alpha antibody [C8/144B] (ab17147)

Paraffin embedded human tonsil tissue stained for CD8 T-Cell using ab17147 at 1/100 dilution in immunohistochemical analysis.



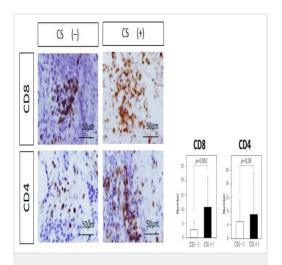
Immunohistochemistry (Formalin/PFA-fixed paraffin-

This image is courtesy of an anonymous Abreview

embedded sections) - Anti-CD8 alpha antibody

[C8/144B] (ab17147)

Paraffin embedded human spleen tissue stained for CD8 alpha using ab17147 at 1/50 dilution in immunohistochemical analysis. Antigen retrieval step with Tris/EDTA pH 9.0.



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-CD8 alpha antibody [C8/144B] (ab17147)

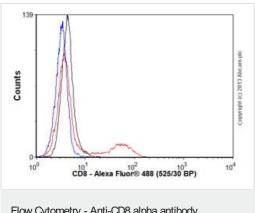
Image from Sato Met al., J Clin Med., 8, 695. Fig 3.; doi: 10.3390/jcm8050695. Reproduced under the Creative Commons license

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Analysis of tumor-infiltrating lymphocytes. Immunohistochemical analysis of CD8 and CD4 (Original magnification, ×20). Typical examples of each staining are shown in both groups. Statistical analysis of each staining is shown. The number of CD8 (+) lymphocytes tends to be higher in the CS (+) group than in the CS (-) group, but the difference is not statistically significant (p =0.052). The number of CD4 (+) lymphocytes shows no significant difference between the two groups (p = 0.28). Data represent the mean ± standard error of mean (CD4 and CD8, student's t-test).

Image from Sato M et al., J Clin Med., 8, 695. Fig 3.; doi: 10.3390/jcm8050695.

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Flow Cytometry - Anti-CD8 alpha antibody [C8/144B] (ab17147)

Human peripheral blood lymphocytes stained with ab17147 (red line). Human whole blood was processed using a modified protocol based on Chow et al, 2005 (PMID: 16080188). In brief, human whole blood was fixed in 4% formaldehyde (methanol-free) for 10 min at 22°C. Red blood cells were then lyzed by the addition of Triton X-100 (final concentration - 0.1%) for 15 min at 37°C. For experimentation, cells were treated with 50% methanol (-20°C) for 15 min at 4°C. Cells were then incubated with the antibody (ab17147, 1/100 dilution) for 30 min at 4°C. The secondary antibody used was Alexa Fluor[®] 488 goat anti-mouse lgG (H&L) (ab150113) at 1/2000 dilution for 30 min at 4°C. Isotype control antibody (black line) was mouse IgG1 [ICIGG1] (ab91353, 1µg/1x10⁶ cells) used under the same conditions. Unlabelled sample (blue line) was also used as a control. Acquisition of >30,000 total events were collected using a 20mW Argon ion laser (488nm) and 525/30 bandpass filter. Gating strategy - peripheral blood lymphocytes.

Please note: All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

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