abcam

Product datasheet

Anti-CD96 antibody [NK92.39] ab81717

Overview

Product name	Anti-CD96 antibody [NK92.39]
Description	Mouse monoclonal [NK92.39] to CD96
Host species	Mouse
Tested applications	**Suitable for:** Blocking, Flow Cyt, Functional Studies
Species reactivity	**Reacts with:** Human
Immunogen	Tissue, cells or virus corresponding to Human CD96.
General notes	The 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. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
Storage buffer	Constituents: PBS, 0.1% BSA
Purity	Protein G purified
Purification notes	ab81717 is 0.2µM filtered.
Clonality	Monoclonal
Clone number	NK92.39
Isotype	IgG1

Applications

The Abpromise guarantee	Our **Abpromise guarantee** covers the use of ab81717 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
Blocking		Use at an assay dependent concentration. ab81717 blocks binding of soluble poliovirus receptor (PVR) to NK92 cells.
Flow Cyt		1/50. **ab170190** - Mouse monoclonal IgG1, is suitable for use as an isotype control with this antibody. Use at a starting dilution of 1/50. Optimal dilutions will depend on the detection system used.
Functional Studies		Use at an assay dependent concentration.

Target

Function

May be involved in adhesive interactions of activated T and NK cells during the late phase of the immune response. Promotes NK cell-target adhesion by interacting with PVR present on target cells. May function at a time after T and NK cells have penetrated the endothelium using integrins and selectins, when they are actively engaging diseased cells and moving within areas of inflammation.

Tissue specificity

Expressed on normal T-cell lines and clones, and some transformed T-cells, but no other cultured cell lines tested. It is expressed at very low levels on activated B-cells.

Involvement in disease

Defects in CD96 are a cause of C syndrome (CSYN) [MIM:211750]; also called Opitz trigonocephaly syndrome. This syndrome is characterized by trigonocephaly and associated anomalies, such as unusual facies, wide alveolar ridges, multiple buccal frenula, limb defects, visceral anomalies, redundant skin, psychomotor retardation and hypotonia. Note=A chromosomal aberration involving CD96 has been found in a patient with C syndrome. Translocation t(3;18)(q13.13;q12.1). CD96 gene was located at the 3q13.13 breakpoint. Precise structural analysis around the breakpoint showed that the gene was disrupted by the translocation in exon 5, probably leading to premature termination or loss of expression of CD96 protein. No gene was detected at the chromosome 18 breakpoint.
Defects in CD96 are a cause of C-like syndrome (CLSYN) [MIM:605039]; also called Opitz trigonocephaly-like syndrome. The C-like syndrome seems to be a severe form of the C syndrome. It is controversial whether there is (1) a gradient of spectrum in the C syndrome, from the mild form (C syndrome) to the severe form (C-like syndrome), or (2) genetic heterogeneity among the patients with the C syndrome.

Sequence similarities

Contains 1 Ig-like C2-type (immunoglobulin-like) domain.
Contains 2 Ig-like V-type (immunoglobulin-like) domains.

Developmental stage

Expressed at low levels on peripheral T-cells and is strongly up-regulated after activation, peaking 6 to 9 days after the activating stimulus.

Cellular localization

Membrane.

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