

Product datasheet

FITC Anti-Mycobacterium tuberculosis antibody ab20962

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Overview

Product name	FITC Anti-Mycobacterium tuberculosis antibody
Description	FITC Rabbit polyclonal to Mycobacterium tuberculosis
Host species	Rabbit
Conjugation	FITC. Ex: 493nm, Em: 528nm
Tested applications	Suitable for: IHC-P, ICC/IF
Species reactivity	Reacts with: Mycobacterium tuberculosis Does not react with: Escherichia coli, Salmonella typhi
Immunogen	Full length native protein (purified) corresponding to Mycobacterium tuberculosis. Purified PPD.
General notes	<p>The antibody is covalently coupled with high purity Isomer I of fluorescein isothiocyanate. Care is taken to ensure complete removal of any free fluorescein from the final product.</p> <p>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.</p> <p>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</p>

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C.
Storage buffer	Preservative: 0.1% Sodium azide Constituents: 0.0268% PBS, 1% BSA
Purity	IgG fraction
Clonality	Polyclonal
Isotype	IgG

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab20962 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
IHC-P		1/10 - 1/50.
ICC/IF	★ ★ ★ ★ ★ (1)	Use at an assay dependent dilution. Acetone fixation is recommended.

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.

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

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