# abcam

# Product datasheet

# B-Phycoerythrin Conjugation Kit - Lightning-Link® ab102871

# 1 References 1 Image

#### Overview

#### **Product name**

**Product overview** 

B-Phycoerythrin Conjugation Kit - Lightning-Link®

B-Phycoerythrin Conjugation Kit ab102871 uses a simple and quick process for B-PE labeling / conjugation of antibodies. It can also be used to conjugate other proteins or peptides. Learn about our antibody labeling kits and their advantages.

To conjugate an antibody to B-Phycoerythrin using this kit:

- add modifier to antibody and incubate for 3 hrs
- add quencher and incubate for 30 mins

The B-PE conjugated antibody can be used immediately in WB, ELISA, IHC etc. No further purification is required and 100% of the antibody is recovered for use.

Learn about buffer compatibility below; for incompatible buffers and low antibody concentrations, use our rapid antibody purification and concentration kits. Use the FAQ to learn more about the technology, or about conjugating other proteins and peptides to B-Phycoerythrin.

Custom size conjugation kits up to 100 mg are available on demand. Please contact us to discuss your requirements.

This product is manufactured by Expedeon, an Abcam company, and was previously called Lightning-Link  $^{\circledR}$  B-PE Labeling Kit. 716-0015 is the same as the 600  $\mu$ g size. 716-0010 is the same as the 3 x 60  $\mu$ g size. 716-0005 is the same as the 60  $\mu$ g size.

Amount and volume of antibody for conjugation to B-Phycoerythrin.

Kit size Recommended Maximum antibody amount of antibody volume<sup>1</sup>

 $3 \times 60 \mu g 3 \times 60 \mu g$   $3 \times 60 \mu L$   $60 \mu g$   $1 \times 60 \mu g$   $1 \times 600 \mu g$   $1 \times 600 \mu g$   $1 \times 600 \mu L$ 

The selling size of this product has been changed – it is now based on the amount of antibody that can be conjugated with the kit, not the amount of PE mix provided. The quantity of reagents provided have not changed or the amount of antibody that can be conjugated.

**Notes** 

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<sup>&</sup>lt;sup>1</sup> Ideal antibody concentration is 1mg/ml. 0.5 - 1 mg/ml can be used if the maximum antibody volume is not exceeded. Antibodies > 1 mg/ml or < 0.5 mg/ml should be diluted /concentrated.

#### **Buffer Requirements for Conjugation**

Buffer should be pH 6.5-8.5.

## Compatible buffer constituents

If a concentration is shown, then the constituent should be no more than the concentration shown. If several constituents are close to the limit of acceptable concentration, then this can inhibit conjugation.

50mM / 0.6% Tris<sup>1</sup> 0.1% BSA50% glycerol

0.1% sodium azidePBS Potassium phosphate

Sodium chloride HEPES Sucrose Sodium citrate EDTA Trehalose

# Incompatible buffer constituents

ThiomerosalProclin Glycine Arginine GlutathioneDTT

If a constituent of the buffer containing your antibody or protein is not listed above, please check the FAQ or contact us.

Only purified antibodies are suitable for use, ie. where other proteins, peptides, or amino acids are not present: antibodies in ascites fluid, serum or hybridoma culture media are incompatible.

## **Tested applications**

Suitable for: Conjugation

#### **Properties**

# Storage instructions

Store at -20°C. Please refer to protocols.

Components	60 µg	600 µg	3 x 60 µg
ab274139 - BPE mix	1 x 60µg	1 x 600μg	3 x 60µg
ab274106 - Modifier reagent	1 x 200µl	1 x 200µl	1 x 200µl
ab274296 - Quencher reagent	1 x 200µl	1 x 200µl	1 x 200µl

# **Applications**

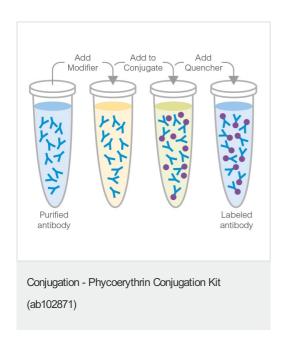
Our Abpromise guarantee covers the use of ab102871 in the following tested applications.

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

Application	Abreviews	Notes
Conjugation		Use at an assay dependent dilution.

#### Images

<sup>&</sup>lt;sup>1</sup> Tris buffered saline is almost always ≤ 50 mM / 0.6%



This illustration demonstrates a general procedure and will slightly vary dependent on the conjugate used.

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

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