

## Product datasheet

# FITC Anti-Mycobacterium tuberculosis antibody ab20962

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### Overview

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<b>Product name</b>	FITC Anti-Mycobacterium tuberculosis antibody
<b>Description</b>	FITC Rabbit polyclonal to Mycobacterium tuberculosis
<b>Host species</b>	Rabbit
<b>Conjugation</b>	FITC. Ex: 493nm, Em: 528nm
<b>Tested applications</b>	<b>Suitable for:</b> IHC-P, ICC/IF
<b>Species reactivity</b>	
<b>Immunogen</b>	Full length native protein (purified) corresponding to Mycobacterium tuberculosis. Purified PPD.
<b>General notes</b>	<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&amp;As</p>

### Properties

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

### Applications

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## 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

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### 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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- Replacement or refund for products not performing as stated on the datasheet
- Valid for 12 months from date of delivery
- Response to your inquiry within 24 hours
- We provide support in Chinese, English, French, German, Japanese and Spanish
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If the product does not perform as described on this datasheet, we will offer a refund or replacement. For full details of the Abpromise, please visit <https://www.abcam.com/abpromise> or contact our technical team.

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