Product datasheet

Anti-Mycobacterium tuberculosis antibody ab905

1 Abreviews  12 References  1 Image

Overview

Product name  Anti-Mycobacterium tuberculosis antibody
Description  Rabbit polyclonal to Mycobacterium tuberculosis
Host species  Rabbit
Specificity  This antibody is reactive with other Mycobacteria species including: M. avium, M. phlei, and M. parafortuitum. This antibody has been reported not to be reactive with E. coli K12, Salmonella typhimurium, Pseudomonas aeruginosa, Streptococcus (group B), Candida albicans and Neisseria meningitides.

Tested applications  Suitable for: ICC/IF, IHC-P, IHC-Fr
Species reactivity
Immunogen  Purified Protein Derivative
Positive control  Infected lung

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  Preservative: 0.1% Sodium Azide
Constituents: PBS, Carrier protein, Da Vinci Green Diluent, pH 7.3
Purity  IgG fraction
Clonality  Polyclonal
Isotype  IgG

Applications

Our Abpromise guarantee covers the use of ab905 in the following tested applications.
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

<table>
<thead>
<tr>
<th>Application</th>
<th>Abreviews</th>
<th>Notes</th>
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<tbody>
<tr>
<td>ICC/IF</td>
<td></td>
<td>Use at an assay dependent concentration. PubMed: 24475192</td>
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</table>
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.

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<td>IHC-P</td>
<td>1/100 - 1/200. Perform enzymatic antigen retrieval before commencing with IHC staining protocol. ABC method.</td>
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<tr>
<td>IHC-Fr</td>
<td>1/100 - 1/200. ABC method.</td>
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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.

Images

Lung tissue stained with ab905 at 1/500.

Immunohistochemistry (Formalin/PFA-fixed paraflin-embedded sections) - Anti-Mycobacterium tuberculosis antibody (ab905)

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

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