abcam

Product datasheet

Biotin Anti-Mycobacterium tuberculosis antibody ab20027

Overview

Product name Biotin Anti-Mycobacterium tuberculosis antibody

DescriptionBiotin Rabbit polyclonal to Mycobacterium tuberculosis

Host species Rabbit

Conjugation Biotin

Specificity Minimum of two major M. tuberculosis bands by immunoelectrophoresis (gamma & beta).

Tested applications Suitable for: IHC-P

Species reactivity Reacts with: Mycobacterium tuberculosis

Immunogen Full length native protein (purified) corresponding to Mycobacterium tuberculosis. Purified Protein

Derivative (used for Tb skin testing)

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. 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

Constituent: 0.0268% PBS

Purity Protein G purified

Purification notes IgG fraction covalently coupled with the N-Hydroxysuccinimide ester of biotin under mild

conditions to give a high degree of substitution.

Clonality Polyclonal

Isotype IgG

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Applications

The Abpromise guarantee

Our Abpromise guarantee covers the use of ab20027 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		Use at an assay dependent dilution. Do not perform antigen retrieval.

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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- Replacement or refund for products not performing as stated on the datasheet
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- Response to your inquiry within 24 hours
- We provide support in Chinese, English, French, German, Japanese and Spanish
- Extensive multi-media technical resources to help you
- We investigate all quality concerns to ensure our products perform to the highest standards

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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