

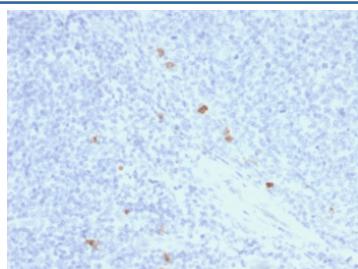
Recombinant IgG4 Antibody [clone rIGHG4/1345] (V3574)

Catalog No.	Formulation	Size
V3574-100UG	0.2 mg/ml in 1X PBS with 0.1 mg/ml BSA (US sourced) and 0.05% sodium azide	100 ug
V3574-20UG	0.2 mg/ml in 1X PBS with 0.1 mg/ml BSA (US sourced) and 0.05% sodium azide	20 ug
V3574SAF-100UG	1 mg/ml in 1X PBS; BSA free, sodium azide free	100 ug
V3574IHC-7ML	Prediluted in 1X PBS with 0.1 mg/ml BSA (US sourced) and 0.05% sodium azide; *For IHC use only*	7 ml

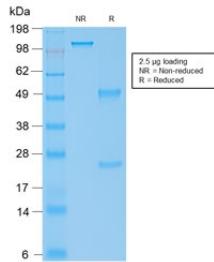
Recombinant **MOUSE MONOCLONAL**

Bulk quote request

Species Reactivity	Human
Format	Purified
Host	Mouse
Clonality	Recombinant Mouse Monoclonal
Isotype	Mouse IgG1, kappa
Clone Name	rIGHG4/1345
Purity	Protein G affinity chromatography
UniProt	P01861
Gene ID	3503
Localization	Cytoplasmic
Applications	Immunohistochemistry (FFPE) : 0.5-1ug/ml for 30 min at RT
Limitations	This recombinant IgG4 antibody is available for research use only.



IHC testing of FFPE human tonsil with recombinant IgG4 antibody (clone rIGHG4/1345).
 HIER: boil sections in 10mM Tris with 1mM EDTA, pH9 for 10-20 min followed by cooling at RT for 20 min.



SDS-PAGE analysis of purified, BSA-free recombinant IgG4 antibody (clone rIGHG4/1345) as confirmation of integrity and purity.

Description

The regions of relatively constant sequence beyond the variable regions of immunoglobulins are termed constant regions (C regions) and are present in both the heavy and light chains. With very few exceptions, the sites of attachment for carbohydrates on immunoglobulins are located in these C regions. These regions also function to hold the variable regions together by using the disulfide bond between them. The C regions facilitate interaction with the antigen by increasing the maximum rotation of the immunoglobulin arms. Reportedly, a large population of patients with recurrent respiratory tract infection has low IgG4 concentrations. IgG4-related sclerosing disease has been recognized as a systemic disease entity characterized by an elevated serum IgG4 level, sclerosing fibrosis, and diffuse lymphoplasmacytic infiltration with the presence of many IgG4-positive plasma cells. IgG4 is overexpressed in inflammatory pseudotumor (IPT) and under expressed in inflammatory myofibroblastic tumor (IMT). In pulmonary nodular lymphoid hyperplasia (PNLH), there are an increased number of IgG4+ plasma cells.

Application Notes

The concentration stated for each application is a general starting point. Variations in protocols, secondaries and substrates may require the recombinant IgG4 antibody to be titrated up or down for optimal performance.

1. The prediluted format is supplied in a dropper bottle and is optimized for use in IHC. After epitope retrieval step (if required), drip mAb solution onto the tissue section and incubate at RT for 30 min.

Immunogen

A human recombinant protein corresponding to the Fc region was used as the immunogen for this recombinant IgG4 antibody.

Storage

Store the recombinant IgG4 antibody at 2-8oC (with azide) or aliquot and store at -20oC or colder (without azide).

References (1)