

Monoclonal Antibody to CD19 - Purified

Alternate names: B-cell marker, B-lymphocyte surface antigen B4, Differentiation antigen CD19, Leu-12

Catalog No.: SM1529PS
Quantity: 0.1 mg
Concentration: 1.0 mg/ml

Background: CD19 is a transmembrane glycoprotein of Ig superfamily expressed by B cells from the time

of heavy chain rearrangement until plasma cell differentiation. It forms a tetrameric complex with CD21 (complement receptor type 2), CD81 (TAPA-1) and Leu13. Together with BCR (B cell antigen receptor), this complex signals to decrease B cell treshold for activation by the antigen. Besides being signal-amplifying coreceptor for BCR, CD19 can also signal independently of BCR coligation and it turns out to be a central regulatory component upon

which multiple signaling pathways converge. Mutation of the CD19 gene results in hypogammaglobulinemia, whereas CD19 overexpression causes B cell hyperactivity.

Uniprot ID: P15391

NCBI: NP 001171569.1

GenelD: 930

Host / Isotype: Mouse / IgG1

Clone: LT19

Immunogen: Daudi human Burkitt lymphoma cell line.

Format: State: Liquid purified Ig fraction (> 95% pure by SDS-PAGE)

Purification: DEAE-Chromatography and Precipitation Methods.

Buffer System: PBS, pH 7.4 containing 15 mM Sodium Azide as preservative

Applications: Immunoprecipitation.

Immunohistochemistry on Frozen Sections.

Flow Cytometry: 5 µg/ml.

Other applications not tested. Optimal dilutions are dependent on conditions and should

be determined by the user.

Specificity: Clone LT19 reacts with CD19 (B4), a 95 kDa type I transmembrane glycoprotein

(immunoglobulin superfamily) expressed on B lymphocytes and follicular dendritic cells; it

is lost on plasma cells.

Species Reactivity: Tested: Human

Store the antibody undiluted at 2-8°C for one month or (in aliquots) at -20°C for longer.

Avoid repeated freezing and thawing. Shelf life: one year from despatch.

General References: 1. Fujimoto M, Poe JC, Jansen PJ, Sato S, Tedder TF: CD19 amplifies B lymphocyte signal

transduction by regulating Src-family protein tyrosine kinase activation. J Immunol. 1999

For research and in vitro use only. Not for diagnostic or therapeutic work.

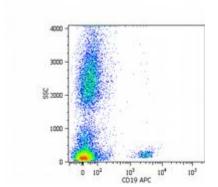
Material Safety Datasheets are available at www.acris-antibodies.com or on request.



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- 3. van Zelm MC, Reisli I, van der Burg M, Castao D, van Noesel CJ, van Tol MJ, Woellner C, Grimbacher B, Patio PJ, van Dongen JJ, Franco JL: An antibody-deficiency syndrome due to mutations in the CD19 gene. N Engl J Med. 2006 May 4;354(18):1901-12.
- 4. Shi X, Xie C, Chang S, Zhou XJ, Tedder T, Mohan C: CD19 hyperexpression augments Sle1-induced humoral autoimmunity but not clinical nephritis. Arthritis Rheum. 2007 Sep;56(9):3057-69.
- 5. Elias F, Flo J, Lopez RA, Zorzopulos J, Montaner A, Rodriguez JM: Strong cytosine guanosine-independent immunostimulation in humans and other primates by synthetic oligodeoxynucleotides with PyNTTTTGT motifs. J Immunol. 2003 Oct 1;171(7):3697-704.
 6. Lin CW, Liu TY, Chen SU, Wang KT, Medeiros LJ, Hsu SM: CD94 1A transcripts characterize lymphoblastic lymphoma/leukemia of immature natural killer cell origin with distinct clinical features. Blood. 2005 Nov 15;106(10):3567-74. Epub 2005 Jul 26.

Pictures:



Surface staining of human peripheral blood cells with anti-human CD19 (LT19) APC.