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Technical Data Sheet

Anti-Mouse CD282 (TLR2) FITC

Catalogue Number : 24912-50

RUO: For Research Use Only. Not for use in diagnostic procedures.

Product Information

Clone: mT2.7
Format/Conjugate: FITC
Concentration: 0.5 mg/mL
Reactivity: Mouse
Laser: Blue (488nm)
Peak Emission: 520nm
Peak Excitation: 494nm
Filter: 530/30
Brightness (1=dim,5=brightest): 3
Isotype: Mouse IgG2a, kappa
Formulation: Phosphate-buffered aqueous solution, ≤0.09% Sodium azide, may contain carrier protein/stabilizer, ph7.2.
Storage: Product should be kept at 2-8°C and protected from prolonged exposure to light.
Applications: FC

Description

The mT2.7 monoclonal antibody specifically reacts with mouse CD282, the Toll-like receptor 2 (TLR2). It is a type I transmembrane signaling receptor containing IL-1 receptor like intracellular domain and leucine-rich repeats (LRR) in the extracellular domain. CD282 is expressed on monocytes, macrophages, dendritic cells, and the RAW264.7 cell line and is involved distinguishing bacterial lipoproteins.

Preparation & Storage

The product should be stored undiluted at 4°C and should be protected from prolonged exposure to light. Do not freeze. The monoclonal antibody was purified utilizing affinity chromatography and unreacted dye was removed from the product.

Application Notes

The antibody has been analyzed for quality through the flow cytometric analysis of the relevant cell type. For flow cytometric staining, the suggested use of this reagent is ≤0.5 ug per million cells in 100 µl volume. It is recommended that the reagent be titrated for optimal performance for each application.

References

1.Vinnakota, K., Hu, F., Ku, M. C., Georgieva, P. B., Szulzewsky, F., Pohlmann, A., ... ; Kettenmann, H. (2013). Toll-like receptor 2 mediates microglia/brain macrophage MT1-MMP expression and glioma expansion.;Neuro-oncology,15(11), 1457-1468.

2. Meng, G., Rutz, M., Schiemann, M., Metzger, J., Grabiec, A., Schwandner, R., ... ; Kirschning, C. J. (2004). Antagonistic antibody prevents toll-like receptor 2;driven lethal shock-like syndromes.;Journal of Clinical Investigation,;113(10), 1473-1481.

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