

## DESCRIPTION

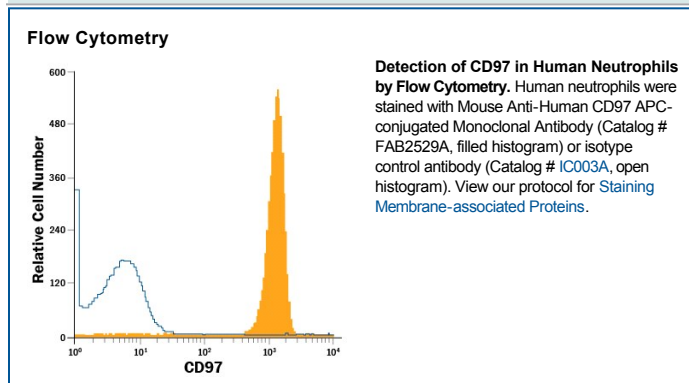
<b>Species Reactivity</b>	Human
<b>Specificity</b>	Detects human CD97 in direct ELISAs and Western blots. In direct ELISAs and Western blots, no cross-reactivity with recombinant mouse CD97 is observed.
<b>Source</b>	Monoclonal Mouse IgG <sub>2A</sub> Clone # 380903
<b>Purification</b>	Protein A or G purified from hybridoma culture supernatant
<b>Immunogen</b>	Mouse myeloma cell line NS0-derived recombinant human CD97 Gln21-Gln398 Accession # NP_001775.2
<b>Conjugate</b>	Allophycocyanin Excitation Wavelength: 620-650 nm Emission Wavelength: 660-670 nm
<b>Formulation</b>	Supplied in a saline solution containing BSA and Sodium Azide. See Certificate of Analysis for details.  *Contains <0.1% Sodium Azide, which is not hazardous at this concentration according to GHS classifications. Refer to the Safety Data Sheet (SDS) for additional information and handling instructions.

## APPLICATIONS

**Please Note:** Optimal dilutions should be determined by each laboratory for each application. [General Protocols](#) are available in the [Technical Information](#) section on our website.

	<b>Recommended Concentration</b>	<b>Sample</b>
<b>Flow Cytometry</b>	10 µL/10 <sup>6</sup> cells	See Below

## DATA



## PREPARATION AND STORAGE

<b>Shipping</b>	The product is shipped with polar packs. Upon receipt, store it immediately at the temperature recommended below.
<b>Stability &amp; Storage</b>	<b>Protect from light. Do not freeze.</b> <ul style="list-style-type: none"> <li>● 12 months from date of receipt, 2 to 8 °C as supplied.</li> </ul>

## BACKGROUND

CD97 is a 95-100 kDa member of a protein group known as the LNB-TM7 protein family that evolved from genes of the secretin receptor superfamily (1-3). Molecules in this family are unique hybrid structures consisting of EGF-like modules coupled to class B G-protein 7-transmembrane (TM) domains by a glycosylated (mucin) stalk. Human CD97 is synthesized as an 835 amino acid (aa) precursor that contains a 20 aa signal sequence, a 532 aa extracellular domain (ECD), a 238 aa "transmembrane" region that includes seven TM segments, and a 45 aa cytoplasmic tail (4). Within the 532 aa ECD, the first 236 aa contains five EGF-like domains, the C-terminal four of which bind calcium, and a juxtamembrane 296 aa RGD-containing mucin stalk (4, 5). The stalk is both glycosylated and proteolytically cleaved (at aa 530) to create a noncovalently linked 65-70 kDa glycosylated extracellular  $\alpha$ -subunit and a 28 kDa 7-TM membrane-bound  $\beta$ -subunit (4). There are two known alternate splice forms in human. Isoform # 1 contains four EGF-like domains (domain # 1, 2, 3 and 5), while isoform # 2 contains three EGF-like domains (domain # 1, 2 and 5) (1, 4, 6). The ECD in isoform 1 is 60 kDa in size, while the ECD in isoform 2 is 55 kDa in size (native molecular weight). The five EGF-like domain region in human is 55% aa identical to that in mouse. Cells known to express CD97 include monocytes, macrophages, T cells, select B cells, dendritic cells and, potentially, vascular and visceral smooth muscle cells (1, 7). There are at least two ligands for CD97. One is chondroitin sulfate that binds only to the full-length (five domain) form of CD97. Binding is dependent on the presence of EGF-like domain # 4 (3). The second ligand for CD97 is CD55, a GPI-linked cell surface molecule with short consensus repeats that regulates complement activation on cell surfaces (1, 5, 7). CD97 EGF-like domains # 1 and 2 bind CD55 while domain # 5 stabilizes the CD97 molecule. The shortest CD97 isoform shows the strongest binding to CD55 (7, 8).

## References:

1. McKnight, A.J. and S. Gordon (1998) *J. Leukoc. Biol.* **63**:271.
2. Stacey, M. *et al.* (2000) *Trends Biochem. Sci.* **25**:284.
3. Stacey, M. *et al.* (2003) *Blood* **102**:2916.
4. Gray, J.X. *et al.* (1996) *J. Immunol.* **157**:5438.
5. Lin, H-H. *et al.* (2001) *J. Biol. Chem.* **276**:24160.
6. Hamann, J. *et al.* (1995) *J. Immunol.* **155**:1942.
7. Jaspars, L.H. *et al.* (2001) *Tissue Antigens* **57**:325.
8. Hamann, J. *et al.* (1996) *J. Exp. Med.* **184**:1185.