AM32270SU-N

Monoclonal Antibody to CD19 - Supernatant

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

Quantity: 1 ml

Background:
CD19 is present in both normal and malignant B cells and has long been considered to be the most reliable surface marker of this lineage over a wide range of maturational stages. In normal lymphoid tissue CD19 is observed in germinal centers (on both B cells and follicular dendritic cells), in mantle zone cells and in scattered cells in the interfollicular areas, with an overall immunoreactivity pattern similar to that of CD20 and CD22. However, in contrast to CD20, CD19 is also expressed in pre-B cells. CD19 has also been detected by flow cytometry in plasma cells isolated from human tissues. Recently, Masir et al. have described the expression of CD19 in normal lymphoid tissue and its loss in B-cell neoplasms. CD19 positivity is seen in the lymphoid follicle in germinal centers, the mantle zone, as well as in interfollicular T-cell areas including large cells with 'dendritic' morphology.

CD19 positivity is seen in the vast majority of B-cell neoplasms (B-lymphoblastic lymphoma, small lymphocytic lymphoma/CLL, mantle cell lymphoma, follicular lymphoma, Burkitt lymphoma, marginal zone lymphoma, diffuse large B-cell lymphoma, T-cell-rich B-cell lymphoma, lymphoblastic lymphoma, hairy cell leukaemia) and commonly at a lower intensity than normal B-cell elements. Plasma cell neoplasms are consistently negative as are T-cell neoplasms. In the Masir study, CD19 was undetectable in 14% of diffuse large B-cell lymphomas, 30% of T-cell-rich B-cell lymphomas and 75% of post-transplant B-lymphoproliferative disease. CD19 expression is not seen in Reed-Sternberg cells of classic Hodgkin’s disease.

Uniprot ID: P15391
NCBI: NP_001171569.1
GenelD: 930
Host / Isotype: Mouse / IgG1
Clone: MRQ-36
Format: State: Liquid Tissue Culture Supernatant
Buffer System: PBS, pH 7.4
Preservatives: 0.09% Sodium Azide
Stabilizers: 0.9% BSA

Applications: Immunohistochemistry on Frozen and Paraffin Sections: 1/25-1/100.

Preparation and Pretreatment:
1. Cut 3-4 μm section of formalin-fixed paraffin-embedded tissue and place on positively charged slides; dry overnight at 58°C.
2. Deparaffinize, rehydrate, and epitope retrieve; the preferred method is the use of Heat Induced Epitope Retrieval (HIER) techniques in conjunction with a pressure cooker. The preferred method allows for simultaneous deparaffinization, rehydration, and epitope retrieval. Upon completion, rinse with 5 changes of distilled or deionized water.

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.
3. If using HRP detection system, place slides in peroxide block for 10 minutes; rinse. If using AP detection system, omit this step.

**Positive Control:** Tonsil, Lymph Node.

Other applications not tested. Optimal dilutions are dependent on conditions and should be determined by the user.

**Specificity:**
This antibody recognizes Human CD19. Other species not tested.

**Staining pattern:** Membranous.

**Storage:**
Store undiluted at 2-8°C.

Shelf life: one year from despatch.

**General Readings:**