

AM32315SU-N**Monoclonal Antibody to Staphylococcus epidermidis - Supernatant**

Alternate names:	S. epidermis
Quantity:	1 ml
Concentration:	> 0.2 mg/ml
Background:	<p><i>Staph. epidermidis</i> is normally resident in the skin flora, the gut and upper respiratory tract. It is a true opportunistic pathogen, requiring a major breach in the host's infection to establish infection, and invariably is hospital acquired. It is associated with skin penetration by implanted prostheses, for example Spitz Holter valves used to treat hydrocephalus, prosthetic heart valves, IV lines, intraperitoneal catheters and orthopaedic prostheses. It is a major cause of bacteraemia in neutropenics and in all infections there is a risk of endocarditis. It is also a serious neonatal infection, particularly in very low birth weight infants. <i>Staph. epidermidis</i> produces some toxins but their significance is unknown. Adherence to a foreign surface is facilitated by the production of a viscous extracellular (proteoglycans) slime. <i>Staph. epidermidis</i> is coagulase negative.</p>
Host / Isotype:	Mouse / IgG3
Clone:	17-5
Format:	State: Liquid Supernatant in RPMI Preservatives: 0.02% Sodium Azide
Applications:	ELISA (1/10). Immunofluorescence (Neat). Agglutination: Prepare bacteria suspension in a physiological salt solution and place 10 microl on glass slide. Add 10 microl antibody solution, mix well and watch clumping. Other applications not tested. Optimal dilutions are dependent on conditions and should be determined by the user.
Specificity:	The antibody reacts with several <i>Staphylococcus</i> strains using ELISA. It does not react with several members of the <i>Enterobacteriaceae</i>
Storage:	Store the antibody undiluted at 2-8°C Shelf life: one year from despatch.