

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide Mouse Monoclonal Antibody [Clone SPM569 + SPM570] Catalog # AH10700

Specification

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide - Product Information

Application Primary Accession Other Accession Reactivity Host Clonality Isotype IHC-P, IF, FC <u>P08575</u> <u>5788, 654514</u> Human, Dog Mouse Monoclonal Mouse / IgG1, kappa + Mouse / IgG1, kappa 180-220kDa KDa

Calculated MW

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide - Additional Information

Gene ID 5788

Other Names Receptor-type tyrosine-protein phosphatase C, 3.1.3.48, Leukocyte common antigen, L-CA, T200, CD45, PTPRC, CD45

Application Note IHC-P~~N/A<br \>IF~~1:50~200<br \>FC~~1:10~50

Format 200ug/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available WITHOUT BSA & azide at 1.0mg/ml.

Storage Store at 2 to 8°C.Antibody is stable for 24 months.

Precautions CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide is for research use only and not for use in diagnostic or therapeutic procedures.

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide - Protein Information

Name PTPRC (HGNC:9666)

Synonyms CD45

Function

Protein tyrosine-protein phosphatase required for T-cell activation through the antigen receptor (PubMed:35767951).



Acts as a positive regulator of T-cell coactivation upon binding to DPP4. The first PTPase domain has enzymatic activity, while the second one seems to affect the substrate specificity of the first one. Upon T-cell activation, recruits and dephosphorylates SKAP1 and FYN. Dephosphorylates LYN, and thereby modulates LYN activity (By similarity). Interacts with CLEC10A at antigen presenting cell-T cell contact; CLEC10A on immature dendritic cells recognizes Tn antigen- carrying PTPRC/CD45 receptor on effector T cells and modulates T cell activation threshold to limit autoreactivity.

Cellular Location

Cell membrane; Single-pass type I membrane protein. Membrane raft. Synapse. Note=Colocalized with DPP4 in membrane rafts.

Tissue Location

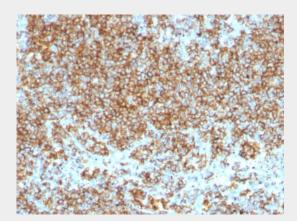
Isoform 1: Detected in thymocytes. Isoform 2: Detected in thymocytes. Isoform 3: Detected in thymocytes. Isoform 4: Not detected in thymocytes. Isoform 5: Detected in thymocytes. Isoform 6: Not detected in thymocytes. Isoform 7: Detected in thymocytes Isoform 8: Not detected in thymocytes.

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide - Protocols

Provided below are standard protocols that you may find useful for product applications.

- <u>Western Blot</u>
- Blocking Peptides
- Dot Blot
- Immunohistochemistry
- Immunofluorescence
- Immunoprecipitation
- Flow Cytomety
- <u>Cell Culture</u>

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide - Images



Formalin-fixed, paraffin-embedded human Lymphoma stained with CD45 Monoclonal Antibody (SPM569+SPM570).

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide - Background

Recognizes the CD45 leukocyte common antigen (LCA) family which is comprised of at least four isoforms of membrane glycoproteins (220, 205, 190, 180kDa) expressed on hematopoietic cell lines but absent on non-hematopoietic cell lines, normal and malignant non-hematopoietic tissues. The intracellular portions of these molecules have protein phosphatase activity and are involved in



regulation of transmembrane signals. Antibody to CD45 is useful in differential diagnosis of lymphoid tumors from non-hematopoietic undifferentiated neoplasms. A positive result with this MAb is highly indicative of lymphoid or myeloid origin. Certain types of lymphoid neoplasms may lack CD45 (Hodgkin lymphoma, some T-cell lymphomas, and some leukemias) so its absence does not rule out a hematolymphoid tumor. This antibody is expressed almost exclusively by cells of hematopoietic lineage and is present in most benign and malignant lymphocytes as well as plasma cell precursors.

CD45 / LCA (Leucocyte Marker) Antibody - With BSA and Azide - References

Michie SA et. al. American Journal of Clinical Pathology, 1987, 88(4):457-62. | Gatter KC et. al. Lancet, 1985 Jun 8, 1(8441):1302-5