

**Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide**  
**Mouse Monoclonal Antibody [Clone B2M/1118 ]**  
**Catalog # AH12128**

### Specification

**Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide - Product Information**

Application	IHC, IF, FC
Primary Accession	<a href="#">P61769</a>
Other Accession	<a href="#">567, 534255</a>
Reactivity	Human
Host	Mouse
Clonality	Monoclonal
Isotype	Mouse / IgG1, kappa
Calculated MW	12kDa KDa

**Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide - Additional Information**

**Gene ID 567**

**Other Names**

Beta-2-microglobulin, Beta-2-microglobulin form pl 5.3, B2M

**Application Note**

<span class ="dilution\_IHC">IHC~~1:100~500</span><br /><span class ="dilution\_IF">IF~~1:50~200</span><br /><span class ="dilution\_FC">FC~~1:10~50</span>

**Storage**

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

**Precautions**

Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide is for research use only and not for use in diagnostic or therapeutic procedures.

**Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide - Protein Information**

**Name B2M ([HGNC:914](#))**

**Function**

Component of the class I major histocompatibility complex (MHC). Involved in the presentation of peptide antigens to the immune system. Exogenously applied M.tuberculosis EsxA or EsxA-EsxB (or EsxA expressed in host) binds B2M and decreases its export to the cell surface (total protein levels do not change), probably leading to defects in class I antigen presentation (PubMed:<a href="http://www.uniprot.org/citations/25356553" target="\_blank">25356553</a>).

**Cellular Location**

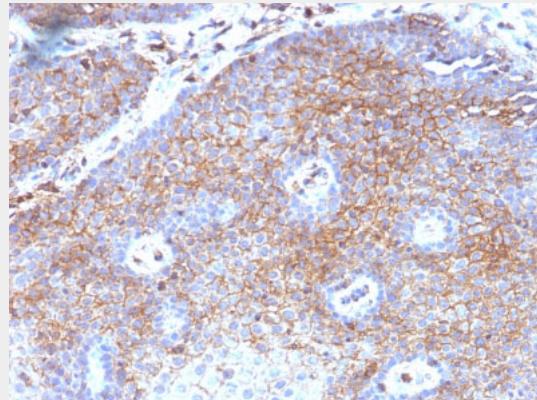
Secreted. Cell surface. Note=Detected in serum and urine (PubMed:1336137, PubMed:7554280).  
{ECO:0000269|PubMed:7554280, ECO:0000269|Ref.6}

### **Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide - Protocols**

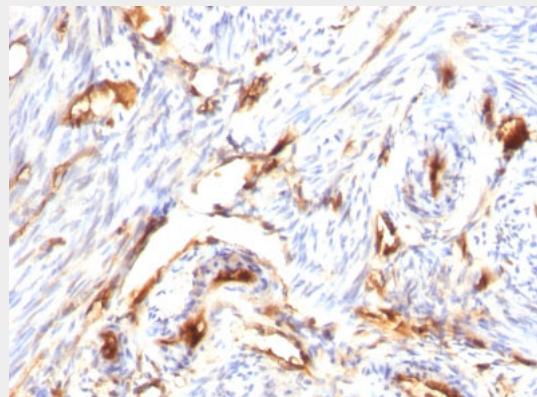
Provided below are standard protocols that you may find useful for product applications.

- [Western Blot](#)
- [Blocking Peptides](#)
- [Dot Blot](#)
- [Immunohistochemistry](#)
- [Immunofluorescence](#)
- [Immunoprecipitation](#)
- [Flow Cytometry](#)
- [Cell Culture](#)

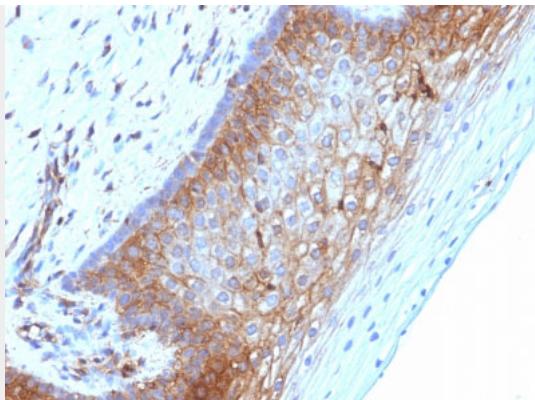
### **Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide - Images**



Formalin-fixed, paraffin-embedded human Cervical Carcinoma stained with Beta-2-Microglobulin Monoclonal Antibody (B2M/1118)



Formalin-fixed, paraffin-embedded human Endometrial Carcinoma stained with Beta-2-Microglobulin Monoclonal Antibody (B2M/1118)



Formalin-fixed, paraffin-embedded human Cervical Carcinoma stained with Beta-2-Microglobulin Monoclonal Antibody (B2M/1118)

**Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide - Background**

$\beta$ 2 microglobulin is a 12KDa protein with a pI of 5.6. Serum  $\beta$ 2 microglobulin levels are a reflection of cell turnover. Levels rise with fever, inflammation, and infection. Increased serum levels are also seen in B-cell malignancies and in renal failure and may indicate a worse prognosis for patients with early-stage Hodgkin's lymphoma. In urine, increased levels are seen in proximal renal tubular disease as well as renal transplant rejection.  $\beta$ 2 microglobulin levels can rise either because its rate of synthesis has increased (e.g. in AIDS, malignant monoclonal plasma cell dyscrasia, solid tumours and autoimmune disease) or because of impaired renal filtration (e.g. due to renal insufficiency, graft rejection or nephrotoxicity induced by post-transplantation immunosuppressive therapy).

**Beta-2 Microglobulin (Renal Failure & Tumor Marker) Antibody - With BSA and Azide - References**

Liabeuf A, le Borgne de Kaouel C, Kourilsky FM, Malissen B, Manuel Y, Sanderson AR. An antigenic determinant of human beta 2-microglobulin masked by the association with HLA heavy chains at the cell surface: analysis using monoclonal antibodies. *J Immunol.* 1981 Oct;127(4):1542-8. |