

CD45RB (B-Cell Marker) Antibody - With BSA and Azide

Mouse Monoclonal Antibody [Clone PTPRC/1132]
Catalog # AH12182

Specification

CD45RB (B-Cell Marker) Antibody - With BSA and Azide - Product Information

Application
Primary Accession
Other Accession
Reactivity
Host
Clonality

Isotype Calculated MW WB, IHC, IF, FC P08575 5788, 654514 Human

Mouse Monoclonal

Mouse / IgG1, kappa 180-220kDa KDa

CD45RB (B-Cell 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

WB~~1:1000<br \> <span class
="dilution_IHC">IHC~~1:100~500 <br \> <span class
="dilution_IF">IF~~1:50~200 <br \> FC~~1:10~50

Storage

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

Precautions

CD45RB (B-Cell Marker) Antibody - With BSA and Azide is for research use only and not for use in diagnostic or therapeutic procedures.

CD45RB (B-Cell 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

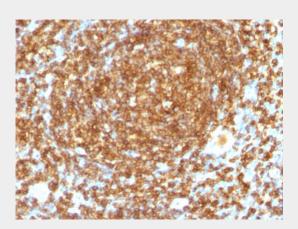
Isoform 1: Detected in thymocytes. Isoform 2: Detected in thymocytes. Isoform 3: Detected in thymocytes. Isoform 4: Not detected in thymocytes. Isoform 5: Detected in thymocytes. Isoform 6: Not detected in thymocytes. Isoform 7: Detected in thymocytes Isoform 8: Not detected in thymocytes.

CD45RB (B-Cell Marker) Antibody - With BSA and Azide - Protocols

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

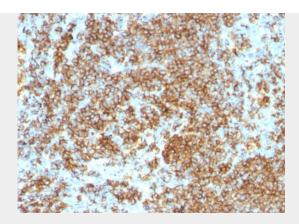
- Western Blot
- Blocking Peptides
- Dot Blot
- Immunohistochemistry
- Immunofluorescence
- <u>Immunoprecipitation</u>
- Flow Cytomety
- Cell Culture

CD45RB (B-Cell Marker) Antibody - With BSA and Azide - Images

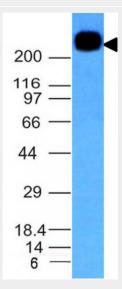


Formalin-fixed, paraffin-embedded human Tonsil stained with CD45RB Monoclonal Antibody (PTPRC/1132).





Formalin-fixed, paraffin-embedded human Lymphoma stained with CD45RB Monoclonal Antibody (PTPRC/1132).



Western Blot Analysis of Daudi Cell Lysate using CD45RB Monoclonal Antibody (PTPRC/1132).

CD45RB (B-Cell Marker) Antibody - With BSA and Azide - Background

CD45R, also designated CD45 and PTPRC, is identified as a transmembrane glycoprotein, broadly expressed among hematopoietic cells. Multiple isoforms of CD45R are distributed throughout the immune system. These isoforms arise because of alternative splicing of exons 4, 5, and 6. The corresponding protein domains are characterized by the binding of monoclonal antibodies specific for CD45RA (exon 4), CD45RB (exon 5), CD45RC (exon 6) and CD45RO (exons 4 to 6 spliced out). The variation in these isoforms is localized to the extracellular domain of CD45R, while the intracellular domain is conserved. CD45RB is expressed on mature B-lymphocytes and the majority of lymphomas and leukemias of B-cell origin.

CD45RB (B-Cell Marker) Antibody - With BSA and Azide - References

West, K.P., et al. 1986. The demonstration of B-cell, T-cell and myeloid antigens in paraffin sections. J. Pathol. 150: 89-101. | Streuli, M., et al. 1987. Differential usage of three exons generates at least five different mRNAs encoding human leukocyte common antigens. J. Exp. Med. 166: 1548-1566