Datasheet

Mouse mAb to **43a**
Clone **111-3E9**
Isotype **IgG1-κ**

Source

A BALB/c mouse was immunized with KG1 cells.

Specifications

111-3E9 reacts with a 95/115 kDa protein on T-cells and thymocytes and a 115/135 kDa molecule on neutrophils and platelets. 70-90% of T-cell lymphomas and from 22-37% of B-cell lymphomas express CD43. No reactivity has been observed with reactive B-cells. So a B-lineage population that co-expresses CD43 is highly likely to be a malignant lymphoma, especially a low-grade lymphoma, rather than a reactive B-cell population. When CD43 antibody is used in combination with anti-CD20, effective immunophenotyping of the lymphomas in formalin-fixed tissues can be obtained. Co-staining of a lymphoid infiltrate with anti-CD20 and anti-CD43 argues against a reactive process and favors a diagnosis of lymphoma. In addition, expression is altered in Wiskott Aldrich Syndrome. A proportion of AIDS patients have antibodies to CD43. A soluble form called galactoglycoprotein is present in serum. The epitope of 111-3E9 is clearly different from Bra7G.

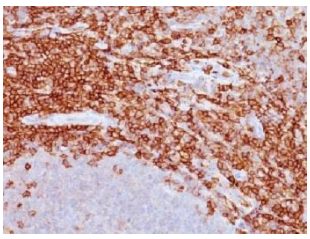

Figure 1: Human spleen stained with 111-3E9 (paraffin).

Species reactivity

Positive: human.

Applications

111-3E9 can be used in immunohistology, immunofluorescence, flow cytometry and immunoblotting.

Flow cytometry	Frozen sections	Immunofluorescence	Paraffin sections	Western blot
+	+	+	Citrate	+

Format

Produced in tissue culture, contains no host Ig. Antibodies are affinity purified and presented in PBS with 0,02% sodium azide.
Stored at 4°C-8°C, shelf life is at least 24 months after purchase.

Dilution advice

- Flow cytometry (0,5-1,0 µg/million cells in 0,1 ml).
- Immunoblotting (0,5-1,0 µg/ml).
- Immunofluorescence (0,5-1,0 µg/ml).
- Immunohistology (formalin-fixed: 2-4 µg/ml for 30 min at RT; staining of formalin-fixed tissues requires boiling tissue sections in 10mM citrate buffer, pH 6.0, for 10-20 min followed by cooling at RT for 20 minutes).

Positive control

Paracortex in a tonsil or a reactive lymph node.

References

- Stross, WP., et al., *J. Clin. Path.* **42**: 953-961 (1989).