

Anti-CD4 Antibody [ST0488]

IRS005



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| Product Type: | Recombinant Rabbit monoclonal IgG, primary antibodies |
| Species reactivity: | Human |
| Applications: | mIHC |
| Clone number: | ST0488 |

Description: The T cell receptor (TCR) is a heterodimer composed of either α and β or γ and δ chains. CD3 chains and the CD4 or CD8 co-receptors are also required for efficient signal transduction through the TCR. The TCR is expressed on T helper and T cytotoxic cells that can be distinguished by their expression of CD4 and CD8; T helper cells express CD4 proteins and T cytotoxic cells display CD8. CD4 is also expressed on cortical cells, mature medullary thymocytes, microglial cells and dendritic cells. CD4 (also designated T4 and Leu 3), is a membrane glycoprotein that contains four extracellular immunoglobulin-like domains. The TCR in association with CD4 can bind class II MHC molecules presented by the antigen-presenting cells. The CD4 protein functions by increasing the avidity of the interaction between the TCR and an antigen-class II MHC complex. An additional role of CD4 is to function as a receptor for HIV.

Immunogen: Recombinant protein within Human CD4 aa 196-416 / 458.

Positive control: Human tonsil tissue.

Subcellular location: Cell membrane.

Database links: SwissProt: P01730 Human

Recommended Dilutions:
mIHC 1:100. This antibody has been validated for multiplex staining with LUMINIRIS mTSA, supporting both multiplex and super-multiplex staining.

Storage Buffer: PBS (pH7.4), 0.05% BSA, 40% Glycerol. Preservative: 0.05% Sodium Azide.

Storage Instruction: Store at +4°C after thawing. Aliquot store at -20°C. Avoid repeated freeze / thaw cycles.

Purity: Protein A affinity purified.

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Images

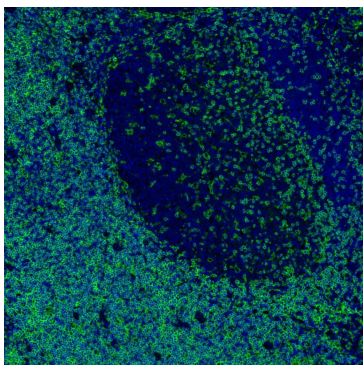


Fig1: mIHC analysis of human tonsil tissue (Formalin/PFA-fixed paraffin-embedded sections) with Rabbit anti-CD4 antibody (IRS005) at 1/100 dilution. The immunostaining was performed with the IRISKit® HyperView mTSA Kit (MH900206). Heat mediated antigen retrieval with Tris-EDTA buffer (pH 9.0) for 30 mins at 95°C. DAPI (blue) was used as a nuclear counter stain. Image acquisition was performed with Olympus VS200 Slide Scanner.

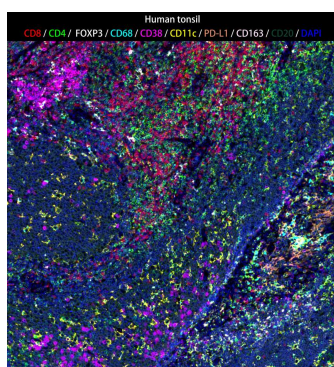


Fig2: mIHC analysis of human tonsil tissue (Formalin/PFA-fixed paraffin-embedded sections) with CD8, CD4 (IRS005), FDXP3, CD68 (IRS004), CD38 (IRS006), CD11c (IRS001), PD-L1, CD163 (IRS002) and CD20 (IRS003) antibody at 1/100 dilution. The immunostaining was performed with the IRISKit® HyperView mTSA Kit (MH900206). Heat mediated antigen retrieval with Tris-EDTA buffer (pH 9.0) for 30 mins at 95°C. DAPI (blue) was used as a nuclear counter stain. Image acquisition was performed with Olympus VS200 Slide Scanner.

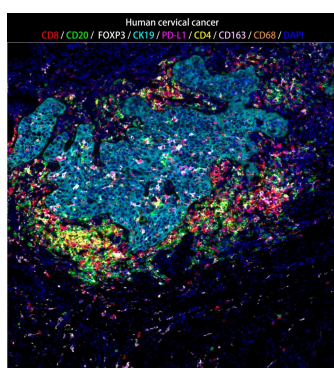


Fig3: mIHC analysis of human cervical cancer tissue (Formalin/PFA-fixed paraffin-embedded sections) with CD8, CD20 (IRS003), FDXP3, CK19 (IRS011), PD-L1, CD4 (IRS005), CD163 (IRS002) and CD68 (IRS004) antibody at 1/100 dilution. The immunostaining was performed with the IRISKit® HyperView mTSA Kit (MH900206). Heat mediated antigen retrieval with Tris-EDTA buffer (pH 9.0) for 30 mins at 95°C. DAPI (blue) was used as a nuclear counter stain. Image acquisition was performed with Olympus VS200 Slide Scanner.

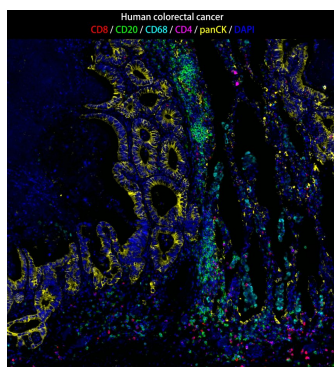


Fig4: mIHC analysis of human colorectal cancer tissue (Formalin/PFA-fixed paraffin-embedded sections) with CD8, CD20 (IRS003), CD68 (IRS004), CD4 (IRS005) and panCK (IRS010) antibody at 1/100 dilution. The immunostaining was performed with the IRISKit® HyperView mTSA Kit (MH900206). Heat mediated antigen retrieval with Tris-EDTA buffer (pH 9.0) for 30 mins at 95°C. DAPI (blue) was used as a nuclear counter stain. Image acquisition was performed with Olympus VS200 Slide Scanner.

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Note: All products are "FOR RESEARCH USE ONLY AND ARE NOT INTENDED FOR DIAGNOSTIC OR THERAPEUTIC USE".

Background References

1. Kim EJ et al. Costimulation blockade alters germinal center responses and prevents antibody-mediated rejection. *Am J Transplant* 14:59-69 (2014).
2. Liu XD et al. Resistance to Antiangiogenic Therapy Is Associated with an Immunosuppressive Tumor Microenvironment in Metastatic Renal Cell Carcinoma. *Cancer Immunol Res* 3:1017-29 (2015).

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