

# Anti-PD-L1 Antibody [PD00-97] - BSA and Azide free

## HA751015



|                            |   |
|----------------------------|---|
| <b>Product Type:</b>       | Recombinant Rabbit monoclonal IgG, primary antibodies |
| <b>Species reactivity:</b> | Human   |
| <b>Applications:</b>       | IHC-P   |
| <b>Molecular Wt:</b>       | Predicted band size: 33 kDa                           |
| <b>Clone number:</b>       | PD00-97   |

**Description:** PD-L1 (programmed-death ligand 1; CD274), is a transmembrane protein constitutionally expressed on a variety of cell types, including antigen presenting cells (dendritic cells and histiocytes) and some non-lymphoid tissues (heart and lung). Binding of PD-L1 to PD-1 (programmed-death 1; CD279) expressed by activated T-cells, inhibits their function, causing negative feedback control of immunological reactions, thus impeding inflammation and autoimmunity. Tumour cells may express PD-L1, which binds to PD-1 allowing cancer cells to evade the attack of T-cells. Blockade of the PD-1/PD-L1 pathway has now shown useful in therapy of multiple cancer types, causing durable tumour regressions in a substantial proportion of otherwise treatment refractory cases of melanoma, and carcinomas of e.g., lung, kidney, and urinary tract. Patients without tumour PD-L1 expression can also derive benefit from blocking agents (studies across multiple cancer types demonstrate a pooled response rate of 48% in patients with PD-L1-positive tumours compared to 15% in PD-L1-negative tumours). Tonsil and placenta can be used as positive and negative tissue controls. However, tonsil is found to be superior to placenta, as tonsil displays a range of PD-L1 expression levels. Tonsil displays the following reaction pattern: No staining reaction in the vast majority of lymphocytes including mantle zone and germinal centre B-cells, no staining reaction in superficial epithelial cells, a weak to moderate, typically punctuated membranous staining reaction of the majority of germinal centre macrophages and finally a moderate to strong staining reaction of the majority of epithelial crypt cells.

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| <b>Immunogen:</b>             | Recombinant protein with Human PD-L1 aa 19-238.   |
| <b>Positive control:</b>      | Human lung adenocarcinoma tissue.   |
| <b>Subcellular location:</b>  | Cell membrane, Early endosome membrane, Recycling endosome membrane, Nucleus.           |
| <b>Database links:</b>        | SwissProt: Q9NZQ7 Human   |
| <b>Recommended Dilutions:</b> |   |
| IHC-P                         | 1:1,000   |
| <b>Storage Buffer:</b>        | PBS (pH7.4).  |
| <b>Storage Instruction:</b>   | Store at +4℃ after thawing. Aliquot store at -20℃. Avoid repeated freeze / thaw cycles. |
| <b>Purity:</b>                | Protein A affinity purified.  |

Hangzhou Huaan Biotechnology Co., Ltd.

Orders:0086-571-88062880

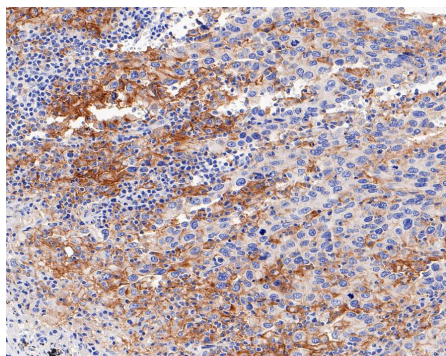
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Applications:WB=Western blot IHC-P=Immunohistochemistry (paraffin) IF-Cell=Immunofluorescence (Cell) IF-Tissue=Immunofluorescence (Tissue) FC=Flow cytometry IP=Immunoprecipitation

## Images



**Fig1:** Immunohistochemical analysis of paraffin-embedded human lung adenocarcinoma tissue with Rabbit anti-PD-L1 antibody (HA751015) at 1/1,000 dilution.

The section was pre-treated using heat mediated antigen retrieval with Tris-EDTA buffer (pH 9.0) for 20 minutes. The tissues were blocked in 1% BSA for 20 minutes at room temperature, washed with ddH<sub>2</sub>O and PBS, and then probed with the primary antibody (HA751015) at 1/1,000 dilution for 1 hour at room temperature. The detection was performed using an HRP conjugated compact polymer system. DAB was used as the chromogen. Tissues were counterstained with hematoxylin and mounted with DPX.

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

## Background References

1. Lei Q et al. Resistance Mechanisms of Anti-PD1/PDL1 Therapy in Solid Tumors. Front Cell Dev Biol. 2020 Jul
2. Tamene W et al. PDL1 expression on monocytes is associated with plasma cytokines in Tuberculosis and HIV. PLoS One. 2021 Oct

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