

Datasheet: MCA2059A647

Description:	MOUSE ANTI HUMAN CD88:Alexa Fluor® 647			
Specificity:	CD88			
Other names:	C5aR			
Format:	ALEXA FLUOR® 647			
Product Type:	Monoclonal Antibody			
Clone:	P12/1			
Isotype:	lgG2a			
Quantity:	100 TESTS/1ml			

Product Details

Applications

This product has been reported to work in the following applications. This information is derived from testing within our laboratories, peer-reviewed publications or personal communications from the originators. Please refer to references indicated for further information. For general protocol recommendations, please visit www.bio-rad-antibodies.com/protocols.

	Yes	No	Not Determined	Suggested Dilution
Flow Cytometry	-			Neat

Where this antibody has not been tested for use in a particular technique this does not necessarily exclude its use in such procedures. Suggested working dilutions are given as a guide only. It is recommended that the user titrates the antibody for use in their own system using appropriate negative/positive controls.

Target Species	Human		
Species Cross Reactivity	Reacts with: Rhesus	s Monkey ivity and working conditi	ions may vary betwe
Product Form	Purified IgG conjuga	ated to Alexa Fluor® 64	7 - liquid
Max Ex/Em	Fluorophore	Excitation Max (nm)	Emission Max (nm)
	Alexa Fluor®647	650	665
eparation	Purified IgG prepare	ed by affinity chromatog	raphy on Protein G t
ıffer Solution	Phosphate buffered	saline	
servative	0.09% Sodium Azid	e	
abilisers	1% Bovine Serui	m Albumin	
approx. Protein concentrations	IgG concentration 0	.05 mg/ml	

External Database Links

UniProt:

P21730 Related reagents

Entrez Gene:

728 C5AR1 Related reagents

Synonyms

C5AR, C5R1

Fusion Partners

Spleen cells from immunised BALB/c mice were fused with cells of the mouse X63 - Ag8 myeloma cell line.

Specificity

Mouse anti Human CD88 antibody, clone P12/1 recognizes the C5a receptor (C5aR) also known as CD88 or C5a anaphylatoxin chemotactic receptor 1. CD88 is predominantly expressed on cells of the myeloid lineage.

Mouse anti Human CD88 antibody, clone P12/1 does not inhibit the binding of C5a to its receptor.

Flow Cytometry

Use 10ul of the suggested working dilution to label 10⁶ cells in 100ul.

References

- 1. Oppermann, M. *et al.* (1993) Probing the human receptor for C5a anaphylatoxin with site-directed antibodies. Identification of a potential ligand binding site on the NH2-terminal domain. <u>J Immunol. 151 (7): 3785-94.</u>
- 2. Opperman, M. *et al.* (1995) Antibodies from the myeloid panel that react with the C5a receptor and anatagonize C5a biological activity. In: Schlossman, S.F. (ed.) Leucocyte Typing V. OUP: 955-6.
- 3. Werfel, T. *et al.* (1995) Binding of anti-C5a receptor (C5aR) antibodies to cells of clinically normal human skin. In: Schlossman, S.F. (ed.) Leucocyte Typing V. OUP: 957-9.
- 4. Oppermann, M. (1995) Cluster report: (C5a receptor). In: Schlossman, S.F. (ed.) Leucocyte Typing V. OUP: 953-4.
- 5. Oppermann, M. & Götze, O. (1994) Plasma clearance of the human C5a anaphylatoxin by binding to leucocyte C5a receptors. lmmunology.82 (4): 516-21.
- 6. Werfel, T. *et al.* (1996) CD88 antibodies specifically bind to C5aR on dermal CD117+ and CD14+ cells and react with a desmosomal antigen in human skin. <u>J Immunol. 157: 1729-35.</u>
- 7. Morris, A.C. *et al.* (2011) C5a-mediated neutrophil dysfunction is RhoA-dependent and predicts infection in critically ill patients. Blood. 117: 5178-88.
- 8. Hüttenrauch, F. *et al.* (2005) G protein-coupled receptor kinases promote phosphorylation and beta-arrestin-mediated internalization of CCR5 homo- and hetero-oligomers. <u>J Biol Chem. 280:</u> 37503-15.
- 9. Nitta, H. *et al.* (2013) Enhancement of human cancer cell motility and invasiveness by anaphylatoxin C5a via aberrantly expressed C5a receptor (CD88). <u>Clin Cancer Res. 19 (8): 2004-13.</u>
- 10. Patzelt, J. *et al.* (2015) Expression of anaphylatoxin receptors on platelets in patients with coronary heart disease. <u>Atherosclerosis</u>. 238 (2): 289-95.
- 11. Huber-Lang, M. *et al.* (2005) Changes in the novel orphan, C5a receptor (C5L2), during experimental sepsis and sepsis in humans. J Immunol. 174 (2): 1104-10.
- 12. Unnewehr H *et al.* (2013) Changes and regulation of the C5a receptor on neutrophils during septic shock in humans. <u>J Immunol. 190 (8): 4215-25.</u>
- 13. Visser T *et al.* (2011) Isolated blunt chest injury leads to transient activation of circulating neutrophils. Eur J Trauma Emerg Surg. 37 (2): 177-184.
- 14. Visser T *et al.* (2012) Homology in systemic neutrophil response induced by human experimental endotoxemia and by trauma. <u>Shock. 37 (2): 145-51.</u>
- 15. Pollok-Kopp B et al. (2007) Dynamics of protein kinase C-mediated phosphorylation of the

complement C5a receptor on serine 334. J Biol Chem. 282 (7): 4345-53.

16. Zannetti, C. et al. (2016) Characterization of the Inflammasome in Human Kupffer Cells in Response to Synthetic Agonists and Pathogens. J Immunol. May 25. pii: 1502301. [Epub ahead of print]

17. Presicce, P. et al. (2015) Neutrophil recruitment and activation in decidua with intra-amniotic IL-1beta in the preterm rhesus macaque. Biol Reprod. 92 (2): 56.

Storage

Store at +4°C or at -20°C if preferred.

This product should be stored undiluted.

Storage in frost free freezers is not recommended. This product is photosensitive and should be protected from light.

Avoid repeated freezing and thawing as this may denature the antibody. Should this product contain a precipitate we recommend microcentrifugation before use.

Shelf Life

18 months from date of despatch.

Acknowledgements

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Health And Safety
Information

Material Safety Datasheet documentation #10041 available at: 10041: https://www.bio-rad-antibodies.com/uploads/MSDS/10041.pdf

Regulatory

For research purposes only

Related Products

Recommended Negative Controls

MOUSE IgG2a NEGATIVE CONTROL: Alexa Fluor® 647 (MCA929A647)

Recommended Useful Reagents

HUMAN SEROBLOCK (BUF070A) HUMAN SEROBLOCK (BUF070B)

America

North & South Tel: +1 800 265 7376

Worldwide

Tel: +44 (0)1865 852 700

Europe

Tel: +49 (0) 89 8090 95 21 Fax: +49 (0) 89 8090 95 50

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