

Peninsula Laboratories, LLC

A Member of the Bachem Group

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Monoclonal Antibody To Human MRP14 (S100A9)

Calgranulin B - Marker For A Subpopulation Of Inflammatory Leukocytes

Monoclonal antibody S36.48 identifies the Ca²⁺-binding 14kD subunit of the inflammatory L-1 protein complex, also called S100A9 or Calgranulin B. It is useful for the characterization of circulating granulocytes or inflammatory infiltrates of the myelo-monocytic lineage which express MRP14 differently depending on the inflammatory status of the disease.

Product Number: T-1026

Clone: \$36.48

Host species, isotype: Mouse IgG1

Quantity: $100\mu g$

Format: Affinity purified, lyophilized

Reconstitute by adding 0.5ml distilled water. This stock solution contains 0.2mg/ml IgG, phosphate buffered saline pH 7.2 (PBS), 5mg/ml bovine serum albumin (BSA) as a stabilizer and

0.09% sodium azide as a preservative.

Stability: Original vial: 1 year at 4° - 8°C

Stock solution or aliquots thereof: 1 year at -20°C. Avoid

repeated thawing and freezing.

Applications: Tested for immunohistochemistry (IHC) and ELISA; has been

described to work in FACS and dot blots.

Approximate working dilution for IHC:

Frozen sections: 0.25µg/ml (1:800)

Paraffin sections: 1µg/ml (1:200); Proteinase K pretreatment for

antigen retrieval is recommended.

Optimal dilutions should be determined by the end user.

Suggested positive control: Human tonsil.

Immunogen: Cultured human monocytes.

Antigen, epitope: The antigen is MRP14, the epitope is suspected in the central

region of the peptide.



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Antigen distribution:

Isolated cells: The antigen is found in granulocytes and monocytes. It is absent from all other blood cells. In cultured monocytes, maximum MRP14 expression is found after 3 - 4 days. Myeloid leukaemia cells have been found to be positive as well.

Tissue sections: MRP14 is found in a distinct subpopulation of inflammatory perivascular infiltrates of the myelo-monocytic lineage. Macrophages synthesise MRP14 increasingly during the early stages of inflammation. A high MRP14 (and low MRP8) expression by macrophages was reported in granulomatous diseases such as tuberculosis and sarcoidis. In non-granulomatous chronic inflammatory diseases like chronic rheumatoid arthritis, MRP8 and MRP14 positive cells consist of different subpopulations. During early inflammation endothelial cells are also positive with MRP8/14 determined by antibody 27E10 (product T-1023).

Specificity:

Human: MRP14, granulocytes, stimulated monocytes and

macrophages.

Other: not tested.

Selected references

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Sorg, C.: Macrophages in Inflammation. Regensberg & Biermann. ISBN 3-924469-23-7: 23-35 (1988).

For in vitro research only. Caution: this product contains thimerosal, a poisonous and hazardous substance.