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Datasheet for ABIN1112229 anti-CD8 antibody (APC)

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Overview

Quantity:	100 tests
Target:	CD8
Reactivity:	Human
Host:	Mouse
Clonality:	Monoclonal
Conjugate:	This CD8 antibody is conjugated to APC
Application:	Flow Cytometry (FACS), Immunofluorescence (IF)

Product Details

Clone:	MEM-31
Isotype:	lgG2a
Characteristics:	Monoclonal Mouse Anti-Human CD8 APC, is recommended for use in flow cytometry for identification of human T cells suppressor/cytotoxic expressing the 32 kDa M.W. surface
	antigen.

Target Details

Target:	CD8
Alternative Name:	CD8 (CD8 Products)
Background:	30/32 kDa MW lymphocyte surface antigen identified by monoclonal antibodies belonging to the CD8 cluster on a sub-population of peripheral blood T lymphocytes, 60% of thymocytes, and
	a limited number of malignancies of T cell origin. Normal B lymphocytes, monocytes or

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Application Details

Application Notes:	It is recommended for use in flow cytometry. This reagent is effective for direct
	immunofluorescence staining of human tissue for flow cytometric analysis using 20 μ l/10^6
	cells.
Comment:	Allophycocyanin (Febico, Far East Bio-Tech Co.).
Sample Collection:	1. Transfer 100 μ l of anticoagulated (EDTA) blood to a 12 x 75 mm polystyrene test tube (10^6
	cells). 2. Add 20 μl of CD8 APC and mix gently with a vortex mixer. The 20 μl is a guideline only
	the optimal volume should be determined by the individual laboratory. 3. The recommended
	negative control is a non-reactive APC-conjugated antibody of the same isotype. 4. Incubate in
	the dark at room temperature at 4°C for 30 minutes or at room temperature (20-25 °C) for 15
	minutes. 5. Add 1,5 ml of Lysing Solution to each sample and mix gently with a vortex mixer.
	Incubate for 10 minutes at room temperature in the dark. 6. Centrifuge at 1000 x g for 5
	minutes. Gently aspirate the supernatant and discard it leaving approximately 50 μ l of fluid. 7.
	Add 2 ml 0.01 mol/l PBS (It betters that it containing 2% bovine serum albumin) and resuspend
	the cells by using a vortex mixer. 8. Centrifuge at 1000 x g for 5 minutes. Gently aspirate the
	supernatant and discard it leaving approximately 50 μ l of fluid. 9. Resuspend pellet in an
	appropriate fluid for flow cytometry, e.g. 0.3 ml PBS. The PBS should contain 1%
	paraformaldehyde (fixative) if samples are not analysed the same day. 10. Analyse on a flow
	cytometer or store at 2-8 °C in the dark until analysis. Samples can be run up to 24 hours after
	lysis.
Restrictions:	For Research Use only

Handling

Format:	Liquid
Buffer:	The conjugate is provided in liquid form in buffer containing 1% bovine serum albumin (BSA) and 0,09% Sodium azide, pH 7.2.
Preservative:	Sodium azide
Precaution of Use:	1. The device is not intended for clinical use including diagnosis, prognosis, and monitoring of a disease state, and it must not be used in conjunction with patient records or treatment. 2. This product contains Sodium azide (NaN3), a chemical highly toxic in pure form. At product concentrations, though not classified as hazardous, Sodium azide may react with lead and

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Handling	
	copper plumbing to form highly explosive build-ups of metal azides. Upon disposal, flush with large volumes of water to prevent metal azide build-up in plumbing. 3. As with any product derived from biological sources, proper handling procedures should be used.
Storage:	4 °C
Publications	
Product cited in:	Lyle, Christofidou-Solomidou, Liu, Elder, Albelda, Cotsarelis: "Human hair follicle bulge cells are
	biochemically distinct and possess an epithelial stem cell phenotype." in: The journal of
	investigative dermatology. Symposium proceedings / the Society for Investigative
	Dermatology, Inc. [and] European Society for Dermatological Research, Vol. 4, Issue 3, pp.
	296-301, (2000) (PubMed).
	Nuckols, Shea, Horenstein, Burchette, Prieto: "Quantitation of intraepidermal T-cell subsets in formalin-fixed, paraffin-embedded tissue helps in the diagnosis of mycosis fungoides." in:
	Journal of cutaneous pathology, Vol. 26, Issue 4, pp. 169-75, (1999) (PubMed).
	Yamagata, Tanaka, Kudo: "A quantitative immunohistochemical evaluation of inflammatory
	cells at the affected and unaffected sites of inflammatory bowel disease." in: Journal of
	gastroenterology and hepatology, Vol. 13, Issue 8, pp. 801-8, (1998) (PubMed).



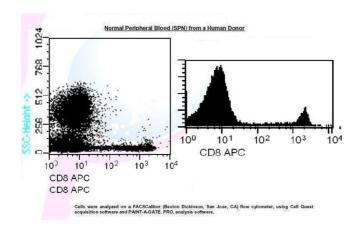


Image 1.

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