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Annexin V Apoptosis Detection Kit DY-634



Publications



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Quantity:	200 tests
Target:	Annexin V (ANXA5)
Reactivity:	Chemical
Conjugate:	DY647
Application:	Flow Cytometry (FACS)
Product Details	
Purpose:	The kit can identify and quantitate apoptotic cells on a single-cell basis by flow cytometry. DY-
	634 is an alternative fluorochrome to APC
Sample Type:	Blood, Cell Culture Cells
Detection Method:	Fluorometric
Characteristics:	DY-634 is an alternative fluorochrome to APC. Staining cells simultaneously with Annexin V -
	DY634 and the non-vital dye propidium iodide (orange fluorescence) allows (bivariate analysis)
	the discrimination of intact cells (Annexin V-DY-634 negative, PI negative), early apoptotic
	(Annexin V-DY-634 positive, PI negative) and late apoptotic or necrotic cells (Annexin V-DY-634
	positive, PI positive).
Components:	100 Tests of AnnexinV DY-634
	• 100 Tests of PI
	10X Binding Buffer
Material not included:	• pipettes
	• tubes

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• flow cytometry machine

Target Details

Target:	Annexin V (ANXA5)
Alternative Name:	Annexin V (ANXA5 Products)
Molecular Weight:	35 kDa
Application Details	
Application Notes:	Optimal working dilution should be determined by the investigator.
Comment:	Samples were tested on Flow Cytometry Induce apoptosis in cells using the desired method is not included in this time. For instance, Jurkat cells (T-cell leukemia, human) treated with 6 μ M camptothecin for four hours.
Sample Volume:	5 μL
Assay Time:	< 1 h
Protocol:	Staining cells protocol with Annexin-DY634. Flow Cytometry 1. Prepare Annexin V Binding Buffer: 10 mM Hepes/NaOH (pH 7,4) 140 mM NaCl, 25 mM CaCl2 2. Induce apoptosis in cells using the desired method. A negative control should be prepared by untreated cells, that is used to define the basal level of apoptotic and necrotic or dead cells. 3. Harvest the cells after the apoptosis induction and wash in temperate phosphate-buffered saline (PBS). 4. Wash cells twice with temperate PBS and resuspend cells in 1 X Annexin-binding buffer at a concentration 1 x 106 cells/mL. 5. Add 5 µL of the Annexin V-DY634 and 5 µL of PI, to each 100 µL of cell suspension. 6. Incubate the cells at room temperature for 15 minutes at room temperature (25 °C) in the dark.

Reagent Preparation:

- AnnexinV DY-634 is ready to use.
- PI is ready to use.

within one hour.

· Prepare Annexin V Binding Buffer

7. After incubation period, add 400 µL of 1X Annexin-binding buffer. Analyze by flow cytometry

Application details		
	10 mM Hepes/NaOH (pH 7,4) 140 mM NaCl, 2,5 mM CaCl2.	
Restrictions:	For Research Use only	
Handling		
Preservative:	Sodium azide	
Precaution of Use:	Reagents contain sodium azide. Sodium azide under acid conditions yields hydrazoic acid, an	
	extremely toxic compound. Azide compounds should be diluted with running water before	
	being discarded. These conditions are recommended to avoid deposits in plumbing where	
	explosive conditions may develop.	
	Do not pipet by mouth.	
	Samples should be handled as if capable of transmitting infection. Appropriate disposal	
	methods should be used.	
	The sample preparation procedure employs a fixative (formaldehyde). Contact is to be avoided	
	with skin or mucous membranes	
Handling Advice:	Light exposure should be avoided. Use dim light during handling, incubation with cells and prior	
	to analysis.	
Storage:	4 °C	
Publications		
Product cited in:	Hoek, Ruuls, Murphy, Wright, Goddard, Zurawski, Blom, Homola, Streit, Brown, Barclay,	
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	in: Science (New York, N.Y.) , Vol. 290, Issue 5497, pp. 1768-71, (2000) (PubMed).	
	Gorczynski, Chen, Hu, Kai, Lei, Ramakrishna, Gorczynski: "Evidence that an OX-2-positive cell	
	can inhibit the stimulation of type 1 cytokine production by bone marrow-derived B7-1 (and B7-	
	2)-positive dendritic cells." in: Journal of immunology (Baltimore, Md. : 1950) , Vol. 162, Issue 2,	
	pp. 774-81, (1999) (PubMed).	
	Preston, Wright, Starr, Barclay, Brown: "The leukocyte/neuron cell surface antigen OX2 binds to	
	a ligand on macrophages." in: European journal of immunology, Vol. 27, Issue 8, pp. 1911-8, (

1997) (PubMed).