

Datasheet for ABIN3026089  
**anti-Calprotectin antibody**



[Go to Product page](#)

1 Image

## Overview

|              |   |
|--------------|---|
| Quantity:    | 100 µg  |
| Target:      | Calprotectin (S100A8/A9)  |
| Reactivity:  | Human   |
| Host:        | Mouse   |
| Clonality:   | Monoclonal  |
| Conjugate:   | This Calprotectin antibody is un-conjugated   |
| Application: | Flow Cytometry (FACS), Immunofluorescence (IF), Immunohistochemistry (Paraffin-embedded Sections) (IHC (p)) |

## Product Details

|               |  |
|---------------|--|
| Immunogen:    | Recombinant human protein was used as the immunogen for the Calprotectin antibody. |
| Clone:        | CPT-1028   |
| Isotype:      | IgM kappa  |
| Purification: | PEG precipitation  |

## Target Details

|                   |   |
|-------------------|---|
| Target:           | Calprotectin (S100A8/A9)  |
| Alternative Name: | Calprotectin ( <a href="#">S100A8/A9 Products</a> )   |
| Background:       | Recognizes the L1 or Calprotectin molecule, also called S100A8/9 and MRP8/14, an intra-cytoplasmic antigen comprising of a 12 kDa alpha chain and a 14 kDa beta chain. Calprotectin comprises 60 % of the cytoplasmic protein fraction of circulating polymorphonuclear |

## Target Details

---

granulocytes and is also found in monocytes, macrophages and ileal tissue eosinophils. Peripheral blood monocytes carry the antigen extra- and intracellularly, neutrophils only intracellularly. Calprotectin has antibacterial, antifungal, immunomodulating and antiproliferative effects. Besides this it is a potent chemotactic factor for neutrophils. Plasma concentrations are elevated in diseases associated with increased neutrophil activity, like inflammatory bowel disease. Granulocytes terminate their existence after transmigration through the intestinal wall. Therefore calprotectin is also detectable in feces. Elevated levels of calprotectin have been observed in body fluids such as plasma, saliva, gingival crevicular fluid, stools, and synovial fluid during infection and inflammatory conditions. This mAb reacts with neutrophils, monocytes, macrophages, and squamous mucosal epithelia and is important for identifying macrophages in tissue sections.

Pathways: [S100 Proteins](#)

## Application Details

---

Application Notes: Optimal dilution of the Calprotectin antibody should be determined by the researcher.  
1. Staining of formalin-fixed tissues requires boiling tissue sections in 10 mM Citrate buffer, pH 6.0, for 10-20 min followed by cooling at RT for 20 min. \. Flow Cytometry: 0.5-1 µg/million cells in 0.1ml, Immunofluorescence: 0.5-1 µg/mL, Immunohistochemistry (Formalin-fixed): 0.5-1 µg/mL for 30 min at RT (1), Not suitable for frozen tissues

Restrictions: For Research Use only

## Handling

---

Concentration: 0.2 mg/mL

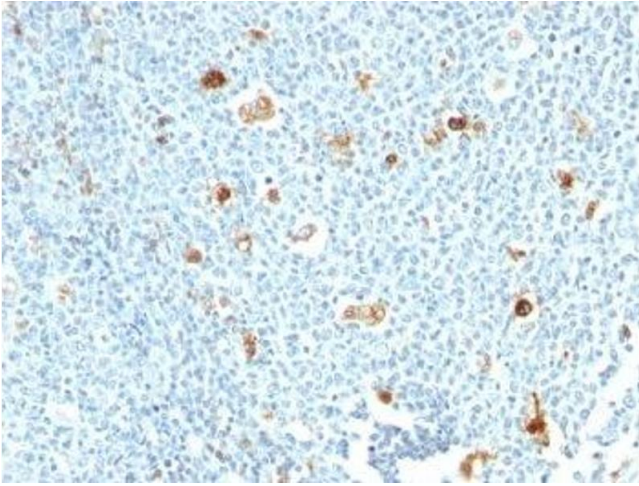
Buffer: 0.2 mg/mL in 1X PBS with 0.1 mg/mL BSA (US sourced) and 0.05 % sodium azide

Preservative: Sodium azide

Precaution of Use: This product contains Sodium azide: a POISONOUS AND HAZARDOUS SUBSTANCE which should be handled by trained staff only.

Storage: 4 °C, -20 °C

Storage Comment: Store the Calprotectin antibody at 2-8°C (with azide) or aliquot and store at -20°C or colder (without azide).



### Immunohistochemistry

**Image 1.** Formalin-fixed, paraffin-embedded human tonsil stained with Calprotectin antibody (CPT/1028)