

# Mouse anti GD2 Monoclonal Antibody

Alternative Name(s): nan

### **Order Information**

• Description: Ganglioside GD2

• Catalogue: 604-700 • Lot: See label • Size: 100ug/200ul • Host: Mouse • Clone: 14G2a • Application: IHC(P) • Reactivity: Hu

# **ANTIGEN PREPARATION**

Enriched cell membrane of Neuroblastoma cell lysate

#### **BACKGROUND**

Ganglioside GD2 is a sialic acid-containing glycosphingolipid involved in cell attachment to the extracellular matrix. Expression of GD2 in normal tissue is restricted to cells from the central nervous system, peripheral nerves, skin melanocytes, and mesenchymal stem cells. However GD2 is highly expressed by tumors of neuro-ectodermal origin such as melanomas, gliomas, neuroblastomas, and small cell lung carcinoma. GD2 has been proposed as a marker for some cancer stem cells.

## **PURIFICATION**

The mouse IgG is purified by Protein A-Affinity Chromatography according to Isotyping

#### FORMULATION

This affinity purified antibody is supplied in sterile Phosphatebuffered saline (pH7.2) containing antibody stabilizer

#### **SPECIFICITY**

This antibody recognizes human Ganglioside GD2 protein. The other species are not tested.

#### STORAGE

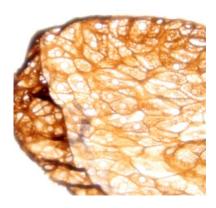
The antibodies are stable for 24 months from date of receipt when stored at –20oC to –70oC. The antibodies can be stored at 2oC-8oC for three month without detectable loss of activity. Avoid repeated freezing-thawing cycles.

#### APPLICATIONS/SUGGESTED WORKING DILUTIONS\*

- Western Blot: 0.1-1 µg/ml
- ELISA: 0.01-0.1 μg/ml
- Immunoprecipitation: 2-5 µg/ml
- IHC: 2-10 µg/ml
- Flow cytometry: Not tested
- Molecular Weight: 47-55
- Positive Control: Kidney Tissue
- Cellular Location: Cell Membrane

<sup>\*</sup>Optimal dilutions should be determined by researchers for the specific applications.





Immunohistochemistry: Human Tonsil (FFPE) stained with Mouse anti- Ganglioside (GD2) (Cat# 604-700) at 1:200 for 10 min @ RT. Staining of formalin-fixed tissue requires boiling tissue sections in 10 mM Citrate Buffer, pH 6.0 for 10 min followed by cooling at RT for 20 min

**REFERENCES**Kowalczyk A, et al. 2009. Cancer Lett. 281:171.