MHC II (HLA-DR) Ab-1 (Clone LN3)
Mouse Monoclonal Antibody
Cat. #MS-133-P0, -P1, or -P (0.1ml, 0.5ml, or 1.0ml at 200µg/ml) (Purified Ab with BSA and Azide)
Cat. #MS-133-P1ABX or -PABX (0.1ml or 0.2ml at 1.0mg/ml) (Purified Ab without BSA and Azide)

**Description:** HLA-DR, like other MHC class II molecules, is a transmembrane glycoprotein composed of an α chain (36 kDa) and a β chain (27 kDa). It is expressed primarily on antigen presenting cells such as B lymphocytes, monocytes, macrophages, thymic epithelial cells and activated T lymphocytes. Three loci, DR, DQ and DP, encode the major expressed products of the human class II region. The human MHC class II molecules bind intracellularly processed peptides and present them to T-helper cells. They therefore have a critical role in the initiation of the immune response.

**Comments:** Ab-1 reacts with B-cells of the germinal centers and mantle zones. It also recognizes monocytes, macrophages, and interdigitating histiocytes.

**Mol. Wt. of Antigen:** 36kDa (α chain) and 27 kDa (β chain)

**Epitope:** Not determined

**Species Reactivity:** Human. Others-not known.

**Clone Designation:** LN3

**Ig Isotype:** IgG2b

**Immunogen:** Activated human peripheral blood mononuclear cells.

**Applications and Suggested Dilutions:**
- Flow Cytometry
- Immunohistology (Frozen & bouin or formalin/paraffin)
  - (Ab 2-4µg/ml for 30 min at RT)
- * (No special pretreatment is required for the immunohistochemical staining of formalin/paraffin tissues)

The optimal dilution for a specific application should be determined by the investigator.

**Positive Control:** Tonsil/lymph node.

**Cellular Localization:** Cell membrane

**Storage and Stability:**
Ab with sodium azide is stable for 24 months when stored at 2-8°C. Antibody WITHOUT sodium azide is stable for 36 months when stored at below 0°C.

**Supplied As:**
200µg/ml of antibody purified from ascites fluid by Protein A chromatography. Prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide. Also available without BSA and azide at 1mg/ml.

**Key References:**

**Limitations and Warranty:**
Our products are intended FOR RESEARCH USE ONLY and are not approved for clinical diagnosis, drug use or therapeutic procedures. No products are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our data sheets and website. Our warranty is limited to the actual price paid for the product. NeoMarkers is not liable for any property damage, personal injury, time or effort or economic loss caused by our products.

**Material Safety Data:**
This product is not licensed or approved for administration to humans or to animals other than the experimental animals. Standard Laboratory Practices should be followed when handling this material. The chemical, physical, and toxicological properties of this material have not been thoroughly investigated. Appropriate measures should be taken to avoid skin and eye contact, inhalation, and ingestion. The material contains 0.09% sodium azide as a preservative. Although the quantity of azide is very small, appropriate care should be taken when handling this material as indicated above. The National Institute of Occupational Safety and Health has issued a bulletin citing the potential explosion hazard due to the reaction of sodium azide with copper, lead, brass, or solder in the plumbing systems. Sodium azide forms hydrazoic acid in acidic conditions and should be discarded in a large volume of running water to avoid deposits forming in metal drainage pipes.

**For Research Use Only**
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**Additional Key References:**


7. Lee J; Sun NC; Salahi W; Chen H; Yang MH. A comparison of epithelial and lymphoid phenotypic markers in relation to growth pattern of colorectal adenomas. Human Pathology, 1992, 23(9):1038-43.


22. Lynch JW Jr; Linoilla I; Sausville EA; Steinberg SM; Ghosh BC; Katzenellenbogen BS; Winberg CD. Immunoarchitecture of normal human bone marrow: a study of frozen and fixed tissue sections. Human Pathology, 1992, 23(9):1038-43.


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