

Rabbit Anti-Mycobacterium tuberculosis (MTB) Polyclonal: RC0310

Intended Use: For Research Use Only

Description: This antibody consists of the purified IgG fraction and reacts with Mycobacterium tuberculosis. The emergence of new strains of resistant Mycobacterium tuberculosis has created new interest in clinical diagnosis. Immunohistochemical staining of Mycobacterium tuberculosis in formalin-fixed paraffin-embedded tissues has been demonstrated. Studies have also shown immunohistochemical techniques to be superior to conventional special stains. Thus the demonstration of mycobacterial antigens are not only useful in establishing mycobacterial aetiology, but also can be used as an alternative method to the conventional Ziehl-Neelsen method. This antibody is reactive with other Mycobacteria species including: M. avium, M. phlei, and M. parafortuitum. This antibody is not reactive with E. coli K12, Salmonella typhimurium, Pseudomonas aeruginosa, Streptococcus (group B), Candida albicans and Neisseria meningitides.

Specifications:

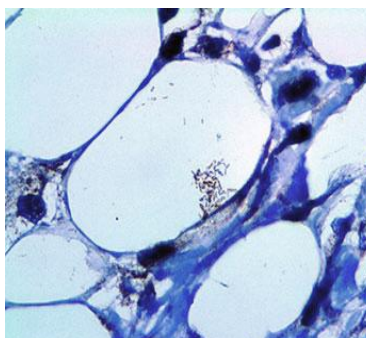
Clone:	Polyclonal
Source:	Rabbit
Isotype:	IgG
Reactivity:	MTB
Localization:	MTB
Formulation:	Purified antibody in PBS pH7.4, containing $\leq 0.09\%$ sodium azide (NaN ₃)
Storage:	Store at 2 - 8°C
Applications:	IHC, ELISA, WB
Package:	

Description	Catalog No.	Size
Mycobacterium tuberculosis (MTB) Polyclonal Concentrated	RC0310	1 ml

IHC Procedure*:

Positive Control Tissue:	Mycobacterium tuberculosis infected tissue
Concentrated Dilution:	User determined
Pretreatment:	User determined
Incubation Time and Temp:	Overnight at 4°C
Detection:	Refer to the detection system manual

* Result should be confirmed by an established diagnostic procedure.



FFPE human MTB infected human lung stained with anti-MTB using DAB

References:

1. Elisa protocol for rapid screening of potential anti-tubercular drugs based on antigenic reactivity of mycobacterial ES-31 serine protease - a drug target supported by axenic culture of Mycobacterium tuberculosis H37 Ra strain in the presence of inhibitor. Hutke V, et al. Indian J Tuberc. 2013 Jul;60(3):138-41.
2. Interaction of Mycobacterium tuberculosis cell wall components with the human natural killer cell receptors NKp44 and Toll-like receptor 2. Esin S, et al. Scand J Immunol. 2013 Jun;77(6):460-9.
3. Immune response to Mycobacterium tuberculosis infection in the parietal pleura of patients with tuberculous pleurisy. Caramori G, et al. PLoS One. 2011;6(7):e22637.