

Mouse Anti-TIGIT/VSTM3/VSIG9 [MD110]: MC0410, MC0410RTU7

Intended Use: For Research Use Only

Description: TIGIT is a checkpoint inhibitor which binds with high affinity to the poliovirus receptor (PVR), causing increased IL10 secretion, decreased IL12B secretion. TIGIT binding to PVR also causes the suppression of T cell activation by promoting the generation of mature immuno-regulatory dendritic cells. It is expressed at low levels on natural killer (NK) cells, as well as peripheral memory and regulatory CD4+ T cells. At the protein level, it is upregulated following the activation of these cells. Functionally, TIGIT is similar to CTLA4. The ligands for TIGIT include CD155 (signal abrogation) and CD226 (signal stimulation). It has been demonstrated to be upregulated on T cells in many cancers and is an immuno-oncology target for therapy.

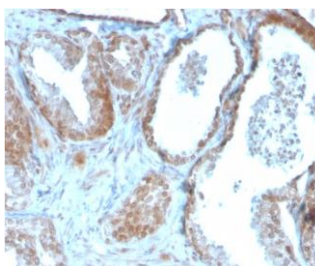
Specifications:

Clone: MD110
 Source: Mouse
 Isotype: IgG2b/k
 Reactivity: Human
 Immunogen: Recombinant human TIGIT protein fragment aa 22-141
 Localization: Cytoplasm, membrane
 Formulation: Purified antibody in PBS pH7.4, containing BSA and ≤ 0.09% sodium azide (NaN3)
 Storage: Store at 2°- 8°C
 Applications: IHC, ELISA
 Package:

Description	Catalog No.	Size
TIGIT/VSTM3/VSIG9 Concentrated	MC0410	1 ml
TIGIT/VSTM3/VSIG9 Prediluted	MC0410RTU7	7 ml

IHC Procedure*:

Positive Control Tissue: Tonsil, prostate carcinoma
 Concentrated Dilution: 50-200
 Pretreatment: Tris EDTA pH9.0, 15 minutes using Pressure Cooker, or 30-60 minutes using water bath at 95°-99°C
 Incubation Time and Temp: 30-60 minutes @ RT
 Detection: Refer to the detection system manual
 * Result should be confirmed by an established diagnostic procedure.



FFPE human prostate carcinoma stained with anti-TIGIT using DAB

References:

1. Expression of TIGIT/CD155 and correlations with clinical pathological features in human hepatocellular carcinoma. Duan X, et al. Mol Med Rep 20:3773-3781, 2019.
2. Expression of immune checkpoint receptors Indoleamine 2,3-dioxygenase and T cell Ig and ITIM domain in metastatic versus nonmetastatic choroidal melanoma. Stålhammar G, et al. Cancer Med 8:2784-2792, 2019.