

Rabbit Anti-IgG4 [MD136R]: RM0112, RM0112RTU7

Intended Use: For Research Use Only

Description: Human IgG4 accounts for less than 6% of the total IgG serum level. Recent studies show that serum levels and immunohistochemistry staining with IgG4 antibody is a useful diagnosis marker for IgG4-related sclerosing diseases. A new concept of IgG4-related systemic disease (ISD) has been established recently. The ISD is characterized by elevated serum IgG4 levels and extensive IgG4+ plasma cell infiltrate in pancreas and/or in other organs, including peripancreatic tissue, bile duct, gallbladder, portal area of the liver, gastric mucosa, colonic mucosa, salivary glands, lymph nodes, and bone marrow. Immunohistochemistry analysis of IgG4 is useful for identifying ISD.

Specifications

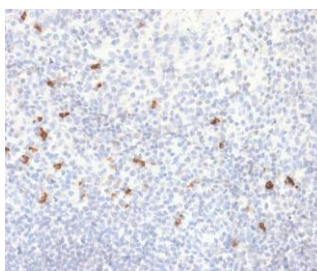
Clone: MD136R
 Source: Rabbit
 Isotype: IgG
 Reactivity: Human
 Immunogen: Recombinant full-length human IgG4 protein
 Localization: Cytoplasm
 Formulation: Antibody in PBS pH7.4, containing BSA and ≤ 0.09% sodium azide (NaN3)
 Storage: Store at 2°- 8°C
 Applications: IHC
 Package:

| Description | Catalog No. | Size |
|-------------------|-------------|------|
| IgG4 Concentrated | RM0112 | 1 ml |
| IgG4 Prediluted | RM0112RTU7 | 7 ml |

IHC Procedure*

Positive Control Tissue: Tonsil
 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 tonsil stained with anti-IgG4 using DAB

References:

1. Case of immunoglobulin G4-related skin disease: Possible immunoglobulin G4-related skin disease cases in cutaneous pseudolymphoma only by immunohistochemical analysis. Iwata Y, et al. J Dermatol. Dec;40(12):998-1003, 2013.
2. Pulmonary inflammatory myofibroblastic tumor and IgG4-related inflammatory pseudotumor: a diagnostic dilemma. Bhagat P, et al. Virchows Arch. Dec;463(6):743-7, 2013.
3. Riedel's thyroiditis with increased IgG4 plasma cells: evidence for an underlying IgG4-related sclerosing disease? Pusztaszeri M, et al. Thyroid. Sep;22(9):964-8, 2012.

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Rev. C