Monoclonal Anti-Human-IgG-Fc Antibody,Mouse IgG1 (6F11C8) (MALS verified)

Catalog # IGG-S307

Source

Monoclonal Anti-Human-IgG-Fc Antibody, Mouse IgG1 is a Mouse monoclonal antibody recombinantly expressed from CHO cells.

Clone

6F11C8

Species

Mouse

Isotype

Mouse IgG1 | Mouse Kappa

Conjugate

Unconjugated

Antibody Type

Recombinant Monoclonal

Reactivity

Virus

Immunogen

Recombinant Human Fc derived from CHO cells.

Specificity

This antibody specifically reacts with Human IgG Fc.

Application

Application	Recommended Usage
ELISA	0.1-100 ng/mL

Cross Verification

This product can cross in Elisa with
Human ACE2, Fc Tag (Cat. No. AC2-H5257).
Anti-SARS-CoV-2 Spike RBD Broadly Neutralizing Antibody, Human IgG3 (AM359b) (Cat. No. PD-M401a).
Anti-SARS-CoV-2 Spike RBD Broadly Neutralizing Antibody, Human IgG2 (AM359b) (Cat. No. SPD-M400a).
Anti-SARS-CoV-2 Spike RBD Broadly Neutralizing Antibody, Human IgG4 (AM359b) (Cat. No. SPD-M402a).
This product No cross-reactivity in ELISA with
Anti-SARS-CoV-2 Spike RBD Neutralizing Antibody, Chimeric mAb, Human IgM (AM122) (Cat. No. SPD-M162).
Anti-SARS-CoV-2 Spike RBD Neutralizing Antibody, Chimeric mAb, Cynomolgus IgG1 (AM122) (Cat. No. SPD-M201).
Human CD19 (20-291), His Tag (Cat. No. CD9-H52H2).
Anti-SARS-CoV-2 Spike RBD Antibody, Chimeric mAb, Human IgA1 (AM130) (Cat. No. S1N-M164).
Anti-SARS-CoV-2 Omicron Antibody-3A7C12, Rabbit IgG (Cat. No. SPD-C73).

Purity

>95% as determined by SDS-PAGE.

>90% as determined by SEC-MALS.

Purification

Protein A purified/ Protein G purified

Formulation

Lyophilized from 0.22 μm filtered solution in PBS with trehalose as protectant.

Contact us for customized product form or formulation.

Reconstitution

Please see Certificate of Analysis for specific instructions.

For best performance, we strongly recommend you to follow the reconstitution protocol provided in the CoA.

Storage

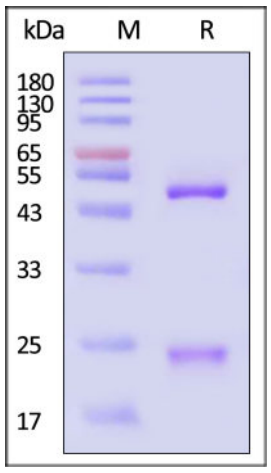
For long term storage, the product should be stored at lyophilized state at -20°C or lower.

Please avoid repeated freeze-thaw cycles.

This product is stable after storage at:

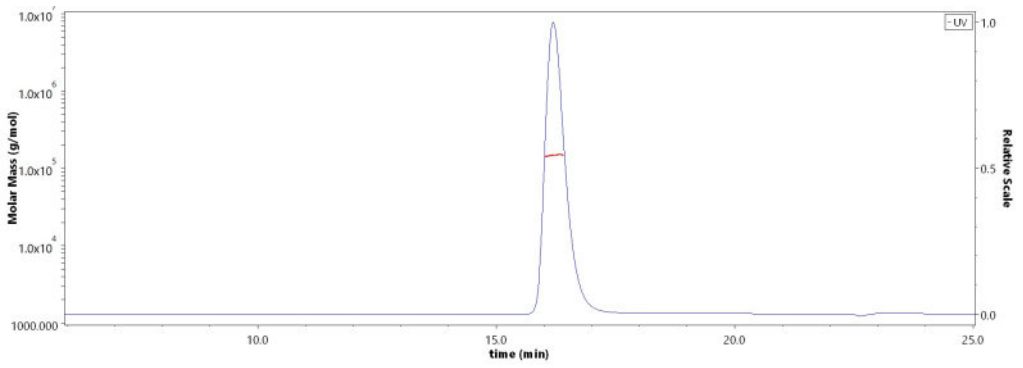
- -20°C to -70°C for 12 months in lyophilized state;
- -70°C for 3 months under sterile conditions after reconstitution.

SDS-PAGE



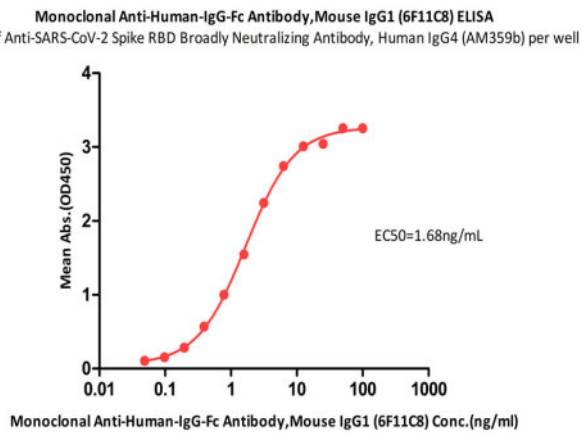
Monoclonal Anti-Human-IgG-Fc Antibody, Mouse IgG1 on SDS-PAGE under reducing (R) condition. The gel was stained with Coomassie Blue. The purity of the protein is greater than 95% (With Star Ribbon Pre-stained Protein Marker).

SEC-MALS

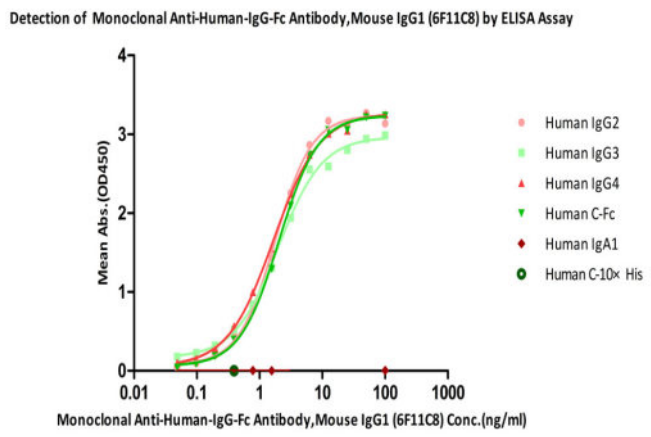


The purity of Monoclonal Anti-Human-IgG-Fc Antibody, Mouse IgG1 (Cat. No. IGG-S307) is more than 90% and the molecular weight of this protein is around 135-160 kDa verified by SEC-MALS.
Report

Bioactivity-ELISA



Immobilized Anti-SARS-CoV-2 Spike RBD Broadly Neutralizing Antibody, Human IgG4 (AM359b) (MALS verified) (Cat. No. SPD-M402a) at 2μg/mL (100μL/well) can bind Monoclonal Anti-Human-IgG-Fc Antibody, Mouse IgG1 (6F11C8)(Cat. No. IGG-S307) with a linear range of 0.05-3.13 ng/mL (QC tested).



Immobilized Anti-SARS-CoV-2 Spike RBD Broadly Neutralizing Antibody, Human IgG2 (AM359b) (MALS verified) (Cat. No. SPD-M400a), Anti-SARS-CoV-2 Spike RBD Broadly Neutralizing Antibody, Human IgG3 (AM359b) (MALS verified) (Cat. No. SPD-M401a), Anti-SARS-CoV-2 Spike RBD Broadly Neutralizing Antibody, Human IgG4 (AM359b) (MALS verified) (Cat. No. SPD-M402a) and Human ACE2 / ACEH Protein, Fc Tag (MALS verified) (Cat. No. AC2-H5257) can bind Monoclonal Anti-Human-IgG-Fc Antibody, Mouse IgG1 (6F11C8)(Cat. No. IGG-S307). The antibody does not bind Anti-SARS-CoV-2 Spike RBD Antibody, Chimeric mAb, Human IgA1 (AM130) (MALS verified) (Cat. No. S1N-M164) and Human CD19 (20-291) Protein, His Tag DMF Filed (Cat. No. CD9-H52H2) (Routinely tested).

Background

Crystallizable fragments composed of the carboxy-terminal halves of both IMMUNOGLOBULIN HEAVY CHAINS linked to each other by disulfide bonds. Fc fragments contain the carboxy-terminal parts of the heavy chain constant regions that are responsible for the effector functions of an immunoglobulin (COMPLEMENT fixation, binding to the cell membrane via FC RECEPTORS, and placental transport).

Clinical and Translational Updates