

## Product datasheet for **AM39011PU-N**

### CD8A Mouse Monoclonal Antibody [Clone ID: MCD8]

#### Product data:

Product Type:	Primary Antibodies
Clone Name:	MCD8
Applications:	FC, IHC
Recommended Dilution:	Flow cytometry (see "Protocols" below). Immunohistochemistry using frozen and paraffin embedded tissue sections.
Reactivity:	Human
Host:	Mouse
Isotype:	IgG1
Clonality:	Monoclonal
Specificity:	The antibody detects the CD8 molecule, expressed as a heterodimer of CD8a (32-34 kD) and CD8b (32-34 kD) glycoproteins. Clone MCD8 is commonly used in routine immunophenotyping, the determination of CD4/CD8 ratios in HIV/AIDS patients and aids in the identification of T cell leukemias (common T-ALL or mature T-ALL)s. MCD8 also distinguishes between chronic B and T cell lymphoid leukemias.
Formulation:	0.01 M sodium phosphate, 0.15 M NaCl, pH 7.3, 0.2% BSA, 0.09% sodium azide State: Aff - Purified State: Liquid purified Ig fraction
Concentration:	lot specific
Purification:	Affinity chromatography
Conjugation:	Unconjugated
Storage:	Store the antibody undiluted at 2-8°C.
Stability:	Shelf life: one year from despatch.
Gene Name:	CD8a molecule
Database Link:	<a href="#">Entrez Gene 925 Human P01732</a>



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<b>Background:</b>	CD8 acts as a co-receptor with the TcR in recognizing antigens presented by MHC Class I and plays a role in the T cell-mediated immune response. The CD8 antigen is present on most T lymphocytes, T cytotoxic/suppressor cells and a subpopulation of NK cells.
<b>Synonyms:</b>	CD8 alpha chain, CD8A, MAL
<b>Note:</b>	<ol style="list-style-type: none"><li>1. Conjugates with brighter fluorochromes, like PE and APC, will have a greater separation than those with dyes like FITC. When populations overlap, the percentage of positive cells using a selected marker can be affected by the choice of fluorescent label.</li><li>2. Use of monoclonal antibodies in patient treatment can interfere with antigen target recognition by this reagent. This should be taken into account when samples are analyzed from patients treated in this fashion.</li><li>3. Reagent data performance is based on EDTA-treated blood. Reagent performance can be affected by the use of other anticoagulants.</li></ol> <p>Protocol: <u>Flow cytometry method for use with purified monoclonal antibodies</u></p> <ol style="list-style-type: none"><li>1. Add 100 µl of EDTA-treated blood (i.e. approx. 10e6 leukocytes) to a 5 ml reagent tube. The content of one tube is sufficient to perform one test.</li><li>2. Add to each tube 10 µl of purified monoclonal antibody. (Appropriate mouse Ig isotype control samples should always be included in any labeling study). Vortex the tube to ensure thorough mixing of antibody and cells.</li><li>3. Incubate the tube for 15 minutes at room temperature in the dark.</li><li>4. Wash the labeled cells by adding 2 ml of PBS containing 0.001% (v/v) Heparin, vortexing and centrifuging (2 min 1000 x g) and discard the supernatant.</li><li>5. Add 50 µl of appropriate dilution of F(ab)2 Rabbit Anti Mouse IgG fluorescent conjugate (e.g. FITC or R-PE) in PBS containing 0.001% (v/v) Heparin to the tube. It is recommended that the tube is protected from light.</li><li>6. Mix by vortexing and incubate for 15 minutes at room temperature in the dark.</li><li>7. Add 100 µl of a lyse reagent and mix immediately.</li><li>8. Incubate for 10 minutes at room temperature in the dark.</li><li>9. Add 2 ml of demineralized water and incubate for 10 minutes in the dark.</li><li>10. Centrifuge the labeled cell suspension for 2 minutes at 1000 x g.</li><li>11. Remove the supernatant and resuspend the cells in 200 µl of PBS.</li><li>12. Analyze by flow cytometry within four hours (alternatively, the cells may be fixed by 0.05% of formaline in buffered saline for analysis the next day. Some antigens are readily destroyed upon fixation and this should be taken into account when using this alternative).</li></ol>
<b>Protein Families:</b>	Adult stem cells, Druggable Genome, ES Cell Differentiation/IPS, Secreted Protein, Transmembrane
<b>Protein Pathways:</b>	Antigen processing and presentation, Cell adhesion molecules (CAMs), Hematopoietic cell lineage, Primary immunodeficiency, T cell receptor signaling pathway