

Product datasheet for **BM1122**

Haemophilus influenzae Type B Mouse Monoclonal Antibody [Clone ID: 1079/457]

Product data:

Product Type:	Primary Antibodies
Clone Name:	1079/457
Applications:	ELISA, IF
Recommended Dilution:	ELISA. Immunofluorescence.
Reactivity:	Haemophilus influenzae
Host:	Mouse
Isotype:	IgG2a
Clonality:	Monoclonal
Immunogen:	<i>Haemophilus influenzae</i> B, NCTC 7279
Specificity:	This antibody recognizes <i>Haemophilus influenzae</i> B, a gram-negative coccobacillus that is the cause of bacterial meningitis and other severe illnesses in young children. In a simple ELISA this antibody (previous lots) is not reactive with the following: <i>Neisseria meningitidis</i> groups A (NCTC 10025), B (NCTC 10026), C (NCTC 8554) and D (NCTC 9714), <i>Acinetobacter calcoaceticus</i> (NCTC 7844), <i>Branhamella catarrhalis</i> (NCTC 11020), <i>Gamella haemolysans</i> (NCTC 10243), <i>Moraxella nonliquefaciens</i> (NCTC 10464), <i>Moraxella phenylpyruvica</i> (NCTC 10526), <i>Veillonella parvula</i> (NCTC 11463), various types of <i>E.coli</i> , various species of <i>Neisseria</i> , <i>Salmonella</i> .
Formulation:	PBS State: Purified State: Liquid purified IgG fraction Preservative: 0.09% Sodium Azide
Concentration:	lot specific
Purification:	Aaffinity Chromatography on Protein G
Conjugation:	Unconjugated
Storage:	Store undiluted at 2-8°C for one month or (in aliquots) at -20°C for longer. Avoid repeated freezing and thawing.
Stability:	Shelf life: one year from despatch.



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Background:

Haemophilus influenzae is a small, nonmotile Gram negative bacterium found naturally in the nasopharynx of approximately 75 percent of healthy children and adults. The presence of the type B polysaccharide capsule is the major factor in virulence. Encapsulated organisms can penetrate the epithelium of the nasopharynx and invade the blood capillaries directly. Their capsule allows them to resist phagocytosis and complement mediated lysis in the the nonimmune host and cause bacteremia and acute bacterial meningitis in infants and young children. Occasionally epiglottitis cellulitis, osteomyelitis, and joint infections can be caused.