

CD71 (Transferrin Receptor) Monoclonal Antibody (OKT9 (OKT-9)), Functional Grade, eBioscience™

Product Details	
Size	50 µg
Species Reactivity	Human
Published Species	Human
Host/Isotype	Mouse / IgG1, kappa
Recommended Isotype Control	Mouse IgG1 kappa Isotype Control (P3.6.2.8.1), Functional Grade, eBioscience™
Class	Monoclonal
Type	Antibody
Clone	OKT9 (OKT-9)
Conjugate	Functional Grade
Form	Liquid
Concentration	1 mg/mL
Purification	Affinity chromatography
Storage buffer	PBS, pH 7.2
Contains	no preservative
Storage conditions	4° C
RRID	AB_469002

Applications	Tested Dilution	Publications
Immunocytochemistry (ICC/IF)	-	2 Publications
Flow Cytometry (Flow)	0.5 µg/test	20 Publications
Functional Assay (FN)	Assay-Dependent	-
Control (Ctrl)	Assay-Dependent	-

Product Specific Information

Description: The OKT9 monoclonal antibody reacts with human CD71, a 170-180 kDa type II transmembrane protein. CD71, the transferrin receptor, exists as a homodimer on the cell surface and is essential for cellular growth. CD71 is expressed by immature proliferating cells and at low levels on resting mature lymphocytes. Antigen or mitogen stimulation of T and B cells upregulates the expression of CD71.

Applications Reported: This OKT9 (OKT-9) antibody has been reported for use in flow cytometric analysis.

Applications Tested: This OKT9 (OKT-9) antibody has been tested by flow cytometric analysis of PHA-stimulated human peripheral blood mononuclear cells. This can be used at less than or equal to 0.5 µg per test. A test is defined as the amount (µg) of antibody that will stain a cell sample in a final volume of 100 µL. Cell number should be determined empirically but can range from 10⁵ to 10⁸ cells/test. It is recommended that the antibody be carefully titrated for optimal performance in the assay of interest.

Storage and handling: Use in a sterile environment.

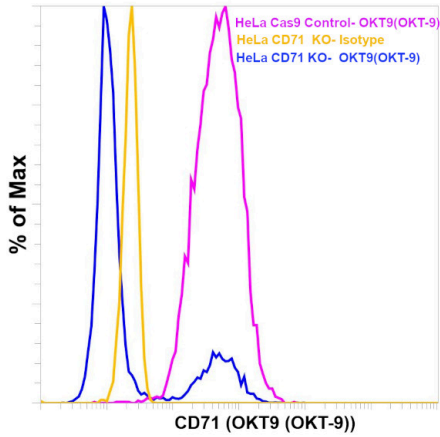
Filtration: 0.2 µm post-manufacturing filtered.

Purity: Greater than 90%, as determined by SDS-PAGE.

Endotoxin Level: Less than 0.001 ng/μg antibody, as determined by LAL assay.

Aggregation: Less than 10%, as determined by HPLC.

Product Images For CD71 (Transferrin Receptor) Monoclonal Antibody (OKT9 (OKT-9)), Functional Grade, eBioscience™



CD71 (Transferrin Receptor) Antibody (16-0719-81)
Antibody clone (OKT9 (OKT-9)) specificity was demonstrated by CRISPR-Cas9 mediated knockout of target protein. Loss of signal was observed for target protein in CD71 KO cells (blue histogram) compared to the control Cas9 cells (pink histogram) using CD71 antibody (OKT9 (OKT-9)). Yellow histogram represents staining with the isotype control. {KO}

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Immunocytochemistry (2)

<p>BMC biology</p> <p>Rapid increase in transferrin receptor recycling promotes adhesion during T cell activation.</p> <p>"Published figure using CD71 (Transferrin Receptor) monoclonal antibody (Product # 16-0719-81) in Flow Cytometry"</p> <p>Authors: Rossatti P,Redpath GMI,Ziegler L,Samson GPB,Clamagirand CD,Legler DF,Rossy J</p>	<p>Year</p> <p>2022</p>
<p>Oncogene</p> <p>Terminal differentiation and loss of tumorigenicity of human cancers via pluripotency-based reprogramming.</p> <p>"Published figure using CD71 (Transferrin Receptor) monoclonal antibody (Product # 16-0719-81) in Immunofluorescence"</p> <p>Authors: Zhang X,Cruz FD,Terry M,Remotti F,Matushansky I</p>	<p>Year</p> <p>2013</p>

Flow Cytometry (20)

<p>PloS one</p> <p>Application of In vitro transcytosis models to brain targeted biologics.</p> <p>"16-0719-81 was used in Flow cytometry/Cell sorting to evaluate human models including human cerebral microvascular endothelial cell line hCMEC/D3 and human colon epithelial cell line Caco-2 models."</p> <p>Authors: Deng K,Lu Y,Finnema SJ,Vangjeli K,Huang J,Huang L,Goodearl A</p>	<p>Year</p> <p>2023</p> <p>Species</p> <p>Human</p>
<p>BMC biology</p> <p>Rapid increase in transferrin receptor recycling promotes adhesion during T cell activation.</p> <p>"Published figure using CD71 (Transferrin Receptor) monoclonal antibody (Product # 16-0719-81) in Flow Cytometry"</p> <p>Authors: Rossatti P,Redpath GMI,Ziegler L,Samson GPB,Clamagirand CD,Legler DF,Rossy J</p>	<p>Year</p> <p>2022</p>

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