

CD244 Monoclonal Antibody (eBioDM244),
 FITC, eBioscience™

Catalog Number 11-5837-41

Product data sheet

Details		Species Reactivity	
Size	25 Tests	Species reactivity	Human
Host/Isotope	Mouse / IgG1, kappa	Published species	Human, Not Applicable
Class	Monoclonal	Tested Applications Dilution *	
Type	Antibody	Flow Cytometry (Flow)	5 µL (0.25 µg)/test
Clone	eBioDM244	Published Applications	
Conjugate	FITC	Flow Cytometry (Flow)	See 2 publications below
Form	Liquid	* Suggested working dilutions are given as a guide only. It is recommended that the user titrate the product for use in their own experiment using appropriate negative and positive controls.	
Concentration	5 µL/Test		
Storage Conditions	4° C, store in dark, DO NOT FREEZE!		

Product specific information

Description: The eBioDM244 monoclonal antibody reacts with human CD244 (2B4, p38). In human, CD244 is a 38 kDa protein expressed on NK cells, a subset of CD8+ T cells, gamma delta T cells, monocytes, basophils and eosinophils. Binding of the CD244 ligand, CD48, results in NK cell activation, unlike mouse CD244, which is an inhibitory receptor. Applications Reported: This eBioDM244 antibody has been reported for use in flow cytometric analysis. Applications Tested: This eBioDM244 antibody has been pre-titrated and tested by flow cytometric analysis of normal human peripheral blood. This can be used at 5 µL (0.25 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 10^5 to 10^8 cells/test. Excitation: 488 nm; Emission: 520 nm; Laser: Blue Laser. Filtration: 0.2 µm post-manufacturing filtered.

Background/Target Information

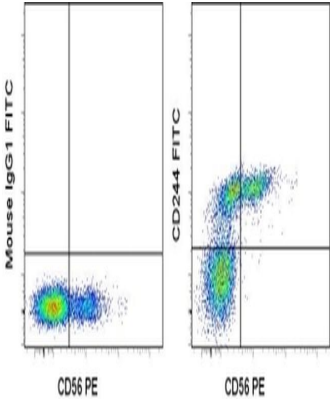
CD244 (2B4, SLAMF4) is a cell surface receptor expressed on natural killer (NK) cells (and some T cells) that mediate non-major histocompatibility complex (MHC) restricted killing. The interaction between NK-cell and target cells via CD244 is thought to modulate NK-cell cytolytic activity. CD244 interacts with SLAMF2, causing the activation of both SLAMF4- and SLAMF2-expressing cells. Patients with systemic lupus erythmatosus have lower than normal levels of SLAMF4 expressed on their NK cells and monocytes, suggesting that SLAMF4 may play a role in the pathology of this autoimmune disease. Diseases associated with CD244 dysfunction include rheumatoid arthritis and lymphoproliferative syndrome. Alternatively spliced transcript variants encoding different isoforms of CD244 have been found for this gene.

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CD244 Antibody (11-5837-41) in Flow

Staining of normal human peripheral blood cells with Anti-Human CD56 (NCAM) PE (Product # 12-0567-42) and Mouse IgG1 kappa Isotype Control FITC (Product # 11-4714-42) (left) or Anti-Human CD244 FITC (right). Total viable cells were used for analysis.

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2 Flow Cytometry References

Species / Dilution	Summary
Human / Not Cited	11-5837 was used in Flow cytometry/Cell sorting to determine that production of a XAGE1 antibody predicts a good prognosis for patients with lung adenocarcinoma as an immune biomarker.
	Clinical cancer research : an official journal of the American Association for Cancer Research (2014; 20: 5052) "Prolongation of overall survival in advanced lung adenocarcinoma patients with the XAGE1 (GAGED2a) antibody." Author(s):Ohue Y,Kurose K,Mizote Y,Matsumoto H,Nishio Y,Isobe M,Fukuda M,Uenaka A,Oka M,Nakayama E PubMed Article URL: http://dx.doi.org/10.1158/1078-0432.CCR-14-0742
Human / Not Cited	11-5837 was used in Flow cytometry/Cell sorting to compare transcriptional, metabolic and functional signatures of intratumoral CD8+ T lymphocyte populations with high, intermediate and no PD-1 expression from non-small-cell lung cancer patients.
	Nature medicine (2018; 24: 994) "A transcriptionally and functionally distinct PD-1<sup>+</sup> CD8<sup>+</sup> T cell pool with predictive potential in non-small-cell lung cancer treated with PD-1 blockade." Author(s):Thommen DS,Koelzer VH,Herzig P,Roller A,Trefny M,Dimeloe S,Kiialainen A,Hanhart J,Schill C,Hess C,Savic Prince S,Wiese M,Lardinois D,Ho PC,Klein C,Karanikas V,Mertz KD,Schumacher TN,Zippelius A PubMed Article URL: http://dx.doi.org/10.1038/s41591-018-0057-z