



Source

Anti-FITC Antibody, Rabbit IgG-Acrininium ester (F11) is a Rabbit monoclonal antibody recombinantly expressed from HEK293 cells.

Host Species

Rabbit

Isotype

Rat IgG | Kappa

Specificity

This product is a specific antibody specifically reacts with FITC.

Antibody Type

Recombinant Monoclonal

Purity

>90% as determined by SDS-PAGE.

>95% as determined by SEC-MALS.

Endotoxin

Less than 1.0 EU per µg by the LAL method.

Conjugate

Acridine ester

Protein Ratio

Passed as determined by binding MPCLIA.

Purification

Protein A purified/ Protein G purified

Formulation

Lyophilized from 0.22 µm filtered solution in PBS, pH7.4 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

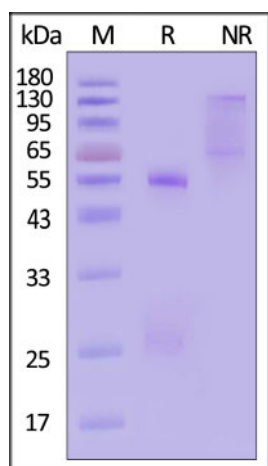
For long term storage, the product should be stored at lyophilized state at -20°C or lower.

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.

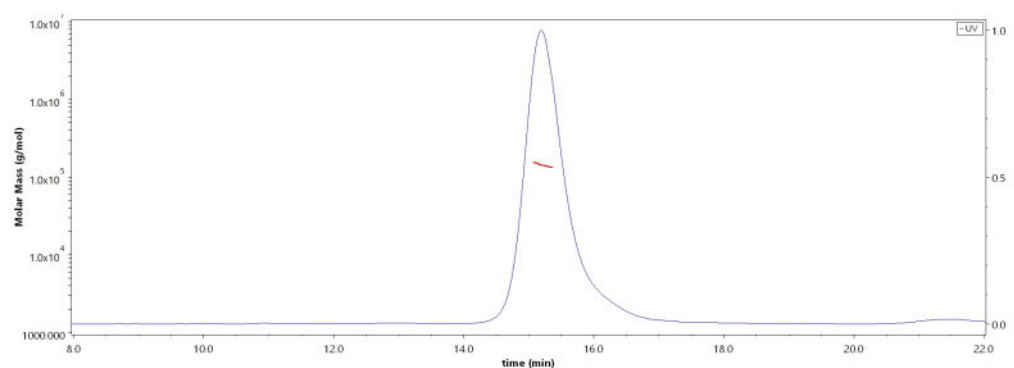
SDS-PAGE



Anti-FITC Antibody, Rabbit IgG-Acrininium ester (F11) on SDS-PAGE under reducing (R) and non-reducing (NR) conditions. The gel was stained with Coomassie Blue. The purity of the protein is greater than 90% (With [Star Ribbon Pre-stained Protein Marker](#)).

Bioactivity-MPCLIA

SEC-MALS



The purity of Anti-FITC Antibody, Rabbit IgG-Acrininium ester (F11) (Cat. No. FIC-S288) is more than 95% and the molecular weight of this protein is around 135-160 kDa verified by SEC-MALS.

[Report](#)

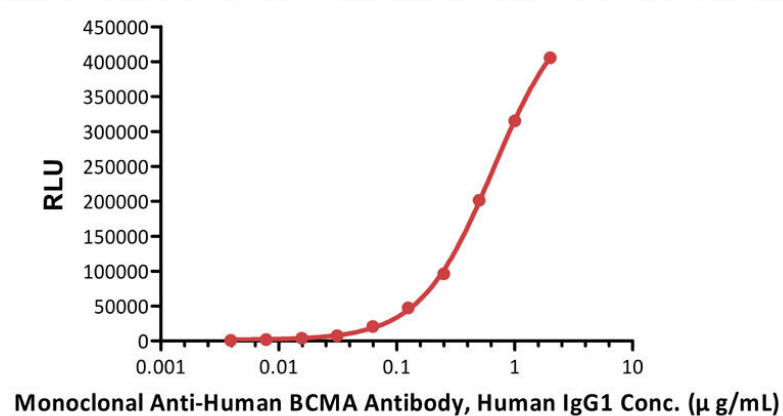
Discounts, Gifts,
and more!





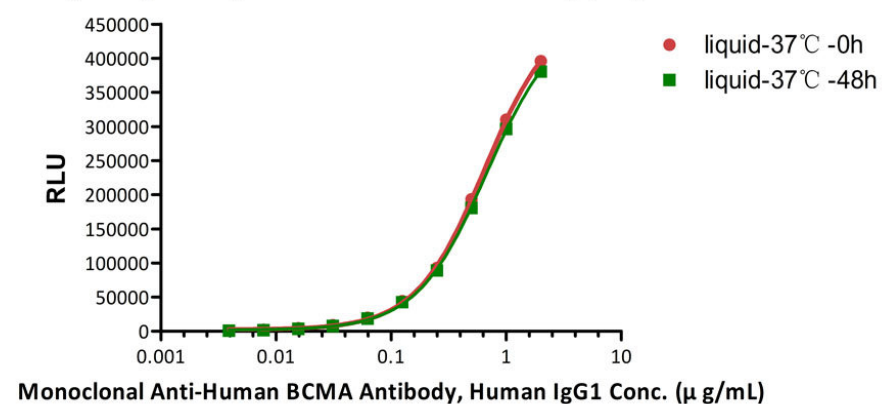
Detection of Monoclonal Anti-Human BCMA Antibody, Human IgG1 by MPCLIA

Anti-Human IgG-coupled Magnetic Beads : Anti-FITC Antibody (F11)-Acrininium ester



Detection of Monoclonal Anti-Human BCMA Antibody, Human IgG1 by MPCLIA

Anti-Human IgG-coupled Magnetic Beads: Anti-FITC Antibody (F11)-Acrininium ester

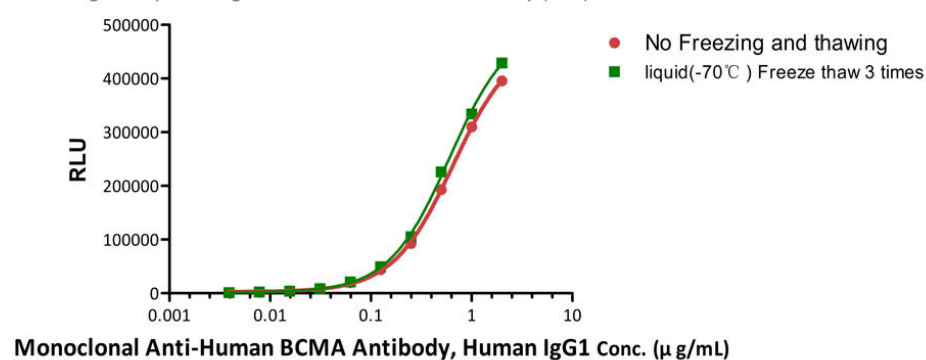


Immobilized 0.05 µg /Test of FITC-Labeled Human BCMA, His Tag (Cat. No. BCA-HF2H1) to the Anti-FITC Antibody, Rabbit IgG-Acrininium ester (F11) (MALS verified) (Cat. No. FIC-S288, 0.04 µg /Test), incubated with 100 µL /Test of Monoclonal Anti-Human BCMA Antibody, Human IgG1 (Cat. No. BCA-M26) at increasing concentration coupled to Anti-Human IgG-coupled Magnetic Beads (recommended for MPCLIA) (Cat. No. MPC-A004) (10 µg beads/Test). Detection was performed with sensitivity of 3.9 ng/mL in Magnetism particulate chemiluminescence immunoassay (MPCLIA) (KEYSMILE, SMART 6500S) (QC tested).

The MPCLIA assay shows that Anti-FITC Antibody, Rabbit IgG-Acrininium ester (F11) (MALS verified) (Cat. No. FIC-S288) is stable at 37°C for 48 hours.

Detection of Monoclonal Anti-Human BCMA Antibody, Human IgG1 by MPCLIA

Anti-Human IgG-coupled Magnetic Beads: Anti-FITC Antibody (F11)-Acrininium ester



The MPCLIA assay shows that Anti-FITC Antibody, Rabbit IgG-Acrininium ester (F11) (MALS verified) (Cat. No. FIC-S288) is stable after freezing and thawing 3 times.

Background

Chemiluminescence immunoassay (CLIA) is a much more effective measurement with the advantages of high sensitivity, uniformity and broad dynamic range. However, in traditional chemiluminescent immunoassay (CLIA), microplate was applied to immobilize antigen or antibody by physical absorption, which holds a negative effect on the performance of assay because of the low specific surface area of micro-plate.

The use of micromagnetic particles (MMPs) have proven to be a support for addressing the shortage of traditional CLIA mentioned above. The chemiluminescent immunoassay is a technique used for disease diagnosis, drug development, chemical reaction monitoring, and many other applications.

The MMPs-based chemiluminescence immunoassays could improve the surface area for immobilization, capture efficiency and accuracy of the assay, thus obtaining higher sensitivity and shorter analysis time.

Clinical and Translational Updates

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