



SZABO SCANDIC

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Produktinformation



Forschungsprodukte & Biochemikalien



Zellkultur & Verbrauchsmaterial



Diagnostik & molekulare Diagnostik



Laborgeräte & Service

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Lieferung & Zahlungsart

siehe unsere [Liefer- und Versandbedingungen](#)

Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

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Mouse anti-Immunoglobulin A, clone N1CLA (monoclonal)

Clone no. N1CLA

MONXtra

Product name	Mouse anti-Immunoglobulin A, clone N1CLA (monoclonal)
Host	Mouse
Applications	IHC-P (1:300)
Species reactivity	human
Conjugate	-
Immunogen	Prokaryotic recombinant protein corresponding to 129 amino acids of the heavy chain constant region of the human immunoglobulin A molecule
Isotype	IgG1
Clonality	Monoclonal
Clone number	N1CLA
Size	1 ml
Concentration	Greater than or equal to 46 mg/L
Format	-
Storage buffer	Tissue culture supernatant with Sodium azide
Storage until expiry date	2-8°C

FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES

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Additional info

IgA is a member of the antibody class of the immunoglobulin superfamily. There are several classes and subclasses (isotypes) of antibody, the antibody isotype being defined by the immunoglobulin heavy chain present in the molecule. The basic structure of an immunoglobulin molecule consists of two identical heavy chains (gamma , mu, alpha , delta , epsilon) and two identical light chains, either kappa or lambda. IgA contains the alpha -chain and may be present in a serum or secretory form. In serum, 90% of IgA is monomeric, while in its secretory form it is the main immunoglobulin found in secretions including tears, saliva, intestinal and bronchial mucous, sweat, colostrum, and secretions from the prostate and respiratory epithelia, where it has the job of defending exposed external surfaces of the body against attack from micro organisms. Secretory IgA is synthesized locally by plasma cells and dimerized intracellularly with a cysteine-rich J-chain. Clone N1CLA was developed to produce reduced background staining that is associated with polyclonal antibodies on paraffin sections.

References

1. Merluzzi S et al. Blood Journal. 2010; 115(14):2810-2817
2. Fagarasan S and Honjo T. Current opinion in Immunology. 2004; 16(3):277-283
3. Pilette C et al. European Respiratory Journal. 2001; 18:571-588
4. -
5. -

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