

Product datasheet for **BP2027B**

Mycobacterium tuberculosis (all antigens) Rabbit Polyclonal Antibody

Product data:

Product Type:	Primary Antibodies
Applications:	ELISA, IF, IHC, WB
Recommended Dilution:	Suitable for use with avidin and streptavidin amplification systems for Immunohistochemistry and IFA. Also suitable for Western blot and ELISA.
Reactivity:	Mycobacterium tuberculosis
Host:	Rabbit
Clonality:	Polyclonal
Immunogen:	Purified PPD.
Specificity:	Minimum of two major M. tuberculosis bands by immunoelectrophoresis (gamma & beta). This antibody has not been absorbed and may react with related microorganisms. Reactive with other Mycobacteria species including M. avium, M. phlei and M. parafortuitum. Antibody is non-reactive with E. coli K12, Salmonella typhimurium, Pseudomonas aeruginosa, Streptococcus (group B), Candida albicans and Neisseria meningitidis.
Formulation:	0.01 M PBS, pH 7.2 containing 0.09% Sodium Azide as preservative without stabilizing proteins. Label: Biotin State: Liquid purified Ig fraction. Label: Covalently coupled with the N-Hydroxysuccinimide ester of under mild conditions to give a high degree of substitution
Concentration:	lot specific
Conjugation:	Biotin
Storage:	Store the antibody undiluted at 2-8°C for one month or (in aliquots) at -20°C for longer. Avoid repeated freezing and thawing. Should this product contain a precipitate we recommend microcentrifugation before use.
Stability:	Shelf life: one year from despatch.



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Background:

Mycobacterium tuberculosis is the most common cause of tuberculosis. Primary infection begins with inhalation of 1 to 10 aerosolised bacilli. The pathogenicity of the organism is determined by its ability to escape host immune responses as well as eliciting delayed hypersensitivity. Alveolar macrophages engulf the invading cells but are unable to mount an effective defense. Several virulence factors are responsible for this apparent failure; most notably in the mycobacterial cell wall are the cord factor, lipoarabinomannan, and the 65 kd heat shock protein or HSP65.

The emergence of new strains of resistant Mycobacterium tuberculosis has created new interest in clinical diagnosis. Studies have shown immunohistochemical techniques to be superior to conventional special stains. Thus the demonstration of mycobacterial antigens are not only useful in establishing mycobacterial aetiology, but can also be used as an alternative method to the conventional Ziehl-Neelsen method.

Synonyms:

M. tuberculosis, TB