

## 30-2837: Anti-Human IL-17A MAb (Clone: 9F9)

<b>Clonality :</b>	Monoclonal
<b>Clone Name :</b>	9F9
<b>Application :</b>	IP,ICC,ELISA,FACS
<b>Reactivity :</b>	Human
<b>Gene :</b>	IL17A
<b>Gene ID :</b>	3605
<b>Uniprot ID :</b>	Q16552
<b>Format :</b>	Purified
<b>Alternative Name :</b>	Interleukin 17, Interleukin 17A, IL17A, Anti-Hu IL-17A Purified
<b>Isotype :</b>	Mouse IgG1 kappa
<b>Immunogen Information :</b>	Mammalian-derived human IL-17-IgG fusion protein, boost with recombinant human IL-17A

### Description

Specificity: The mouse monoclonal antibody 9F9 recognizes human interleukin 17A (IL-17A; secreted or intracellular). Interleukin 17A (IL-17A) is a proinflammatory cytokine produced by activated T cells. IL-17A-mediated downstream pathways induce the production of inflammatory molecules, chemokines, antimicrobial peptides, and remodeling proteins. It plays an important role in connecting T cell-mediated adaptive immunity and acute inflammatory response to destroy extracellular bacteria and fungi. It is the signature effector cytokine of Th17 cells, and in this role it primarily induces neutrophil activation and recruitment at infection and inflammatory sites. High levels of IL-17A are associated with rheumatoid arthritis, psoriasis, multiple sclerosis, and another inflammatory diseases, including lung injury during severe COVID 19. This cytokine also contributes to germinal center formation by regulating the chemotactic response of B cells to CXCL12 and CXCL13, enhancing retention of B cells within the germinal centers, B cell somatic hypermutation rate and selection toward plasma cells. It is an effector cytokine for invariant NKT cells (iNKT), and it is involved in epithelial barrier formation upon injury.

### Product Info

<b>Amount :</b>	0.1 mg
<b>Purification :</b>	Purified by protein-A affinity chromatography.
<b>Content :</b>	1 mg/ml Storage Buffer: Phosphate buffered saline (PBS), pH 7.4, 15 mM sodium azide
<b>Storage condition :</b>	Store at 2-8°C. Do not freeze.

### Application Note

Flow cytometry: Recommended dilution: 0.5-4 µg/ml. Intracellular staining.

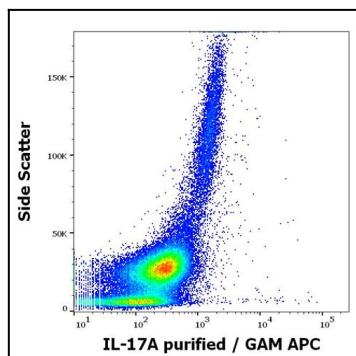


Fig 1: Flow cytometry intracellular staining pattern of human PHA stimulated and Brefeldin A treated peripheral whole blood stained using anti-human IL-17A (9F9) purified antibody (concentration in sample 0,5  $\mu$ g/ml, GAM APC).

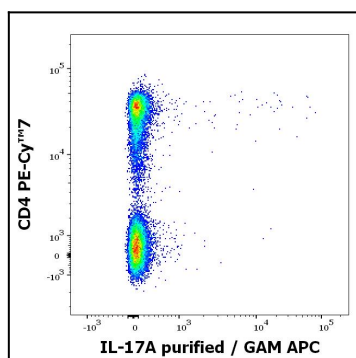


Fig 2: Flow cytometry multicolor intracellular staining of PHA stimulated and Brefeldin A treated peripheral whole blood showing lymphocytes stained using anti-human CD4 (MEM-241) PE-Cy™ 7 antibody (4  $\mu$ l reagent / 100  $\mu$ l of peripheral whole blood) and anti-human IL-17A (9F9) purified antibody (concentration in sample 0,5  $\mu$ g/ml, GAM APC).

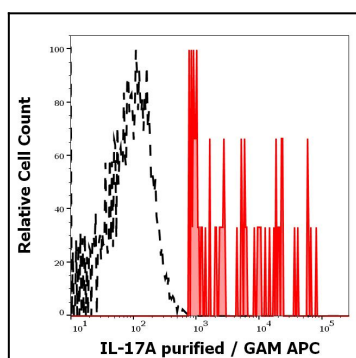


Fig 3: Separation of human CD4 positive IL-17A positive lymphocytes (red-filled) from CD4 negative IL-17A negative lymphocytes (black-dashed) in flow cytometry analysis (intracellular staining) of human PHA stimulated and Brefeldin A treated peripheral whole blood stained using anti-human IL-17A (9F9) purified antibody (concentration in sample 0,5  $\mu$ g/ml, GAM APC).