

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human Fcγ RIIIA/CD16a in ELISA.
Source	Monoclonal Mouse IgG _{2A} Clone # 1041618
Purification	Protein A or G purified from hybridoma culture supernatant
Immunogen	Mouse myeloma cell line, NS0-derived human Fcγ RIIIA/CD16a Gly17-Gln208 Accession # P08637
Conjugate	Alexa Fluor 405 Excitation Wavelength: 405 nm Emission Wavelength: 421 nm
Formulation	Supplied 0.2mg/ml in 1X PBS with RDF1 and 0.09% Sodium Azide
*Contains <0.1% Sodium Azide, which is not hazardous at this concentration according to GHS classifications. Refer to the Safety Data Sheet (SDS) for additional information and handling instructions.	

APPLICATIONS

Please Note: Optimal dilutions should be determined by each laboratory for each application. [General Protocols](#) are available in the Technical Information section on our website.

Neutralization	Optimal dilution of this antibody should be experimentally determined.
Immunocytochemistry	Optimal dilution of this antibody should be experimentally determined.

PREPARATION AND STORAGE

Shipping	The product is shipped with polar packs. Upon receipt, store it immediately at the temperature recommended below.
Stability & Storage	Protect from light. Do not freeze. 12 months from date of receipt, 2 to 8 °C as supplied

BACKGROUND

Fcγ RIIIA is a low/intermediate affinity receptor for polyvalent immune-complexed IgG. It is involved in phagocytosis, secretion of enzymes and inflammatory mediators, antibody-dependent cytotoxicity and clearance of immune complexes (1, 2). In humans, it is a 50-70 kDa type I transmembrane activating receptor expressed by NK cells, T cells, monocytes, and macrophages (1). Fcγ RIIIB is highly related, sharing 97% amino acid (aa) identity within the extracellular domain (ECD), but is a GPI-linked receptor expressed on human neutrophils and eosinophils (1, 2). The ECD of Fcγ RIIIA shares 63%, 61%, 65%, 59% and 58% aa identity with mouse Fcγ RIV, rat Fcγ RIIIA, feline CD16, bovine CD16 and porcine Fcγ RIIIB paralogs, respectively. The Fcγ RIIIA cDNA encodes 254 aa including a 16 aa signal sequence, 191 aa ECD with two C2-type Ig-like domains and five potential N-glycosylation sites, a 22 aa transmembrane (TM) sequence and a 25 aa cytoplasmic domain. In humans, a single nucleotide polymorphism creates high binding (176V) and low binding (176F) forms that, when homozygous, may influence susceptibility to autoimmune diseases or response to therapeutic IgG antibodies (3, 4). Catalog # 4325-FC is expressed as the 176V isoform of Fcγ RIIIA. Fcγ RIIIA surface expression requires interaction of an accessory chain, either the common γ-chain or CD3ζ (5, 6). Glycosylation patterns, electrophoretic mobility and binding affinity appear to differ between NK cell and monocyte Fcγ RIIIA (7). The ECD of both Fcγ RIIIA and b can be proteolytically cleaved and retain binding activity in soluble form (8-11). In monocytes and macrophages, activation and phagocytosis can trigger Fcγ RIIIA release (11). Soluble Fcγ RIII can be detected in normal plasma and is increased in rheumatoid arthritis and in coronary artery diseases (9, 10).

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