

DESCRIPTION

Species Reactivity	Human
Specificity	Detects a synthetic peptide specific for human PD-1 around amino acid 130 in Direct ELISA.
Source	Recombinant Monoclonal Rabbit IgG Clone # 2705E
Purification	Protein A or G purified from cell culture supernatant
Immunogen	Synthetic Peptide Accession # Q15116
Formulation	Lyophilized from a 0.2 µm filtered solution in PBS with Trehalose.

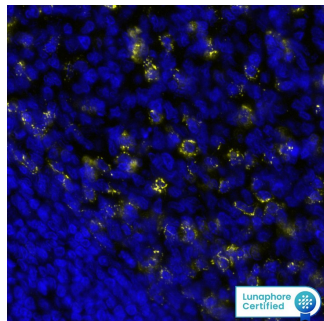
APPLICATIONS

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.

	Recommended Concentration	Sample
Multiplex Immunofluorescence	15 µg/mL	Immersion fixed paraffin-embedded sections of human tonsil
Immunohistochemistry	1-10 µg/mL	Immersion fixed paraffin-embedded sections of human tonsil

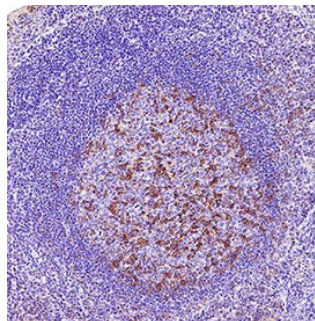
DATA

Multiplex Immunofluorescence



Detection of PD1 in Human Tonsil via seqIF™ staining on COMET™ PD1 Antibody was detected in immersion fixed paraffin-embedded sections of human Tonsil using Rabbit Anti-Human PD1, Monoclonal Antibody (Catalog # MAB11638) at 15µg/mL at 37 ° Celsius for 4 minutes. Before incubation with the primary antibody, tissue underwent an all-in-one dewaxing and antigen retrieval preprocessing using PreTreatment Module (PT Module) and Dewax and HIER Buffer H (pH 9; Eprelia Catalog # TA-999-DHBH). Tissue was stained using the Alexa Fluor™ Plus 647 Goat anti-Rabbit IgG Secondary Antibody at 1:200 at 37 ° Celsius for 2 minutes. (Yellow; Lunaphore Catalog # DR647RB) and counterstained with DAPI (blue; Lunaphore Catalog # DR100). Specific staining was localized to the membrane. Protocol available in **COMET™ Panel Builder**.

Immunohistochemistry



Detection of PD-1 in Human Tonsil. PD-1 was detected in immersion fixed paraffin-embedded sections of human tonsil using Rabbit Anti-Human PD-1 Monoclonal Antibody (Catalog # MAB11638) at 3 µg/ml for 1 hour at room temperature followed by incubation with the Anti-Rabbit IgG VisUCyte™ HRP Polymer Antibody (Catalog # VC003). Before incubation with the primary antibody, tissue was subjected to heat-induced epitope retrieval using VisUCyte Antigen Retrieval Reagent-Basic (Catalog # VCTS021). Tissue was stained using DAB (brown) and counterstained with hematoxylin (blue). Specific staining was localized to the cell surface. View our protocol for **IHC Staining with VisUCyte HRP Polymer Detection Reagents**.

PREPARATION AND STORAGE

Reconstitution	Reconstitute lyophilized material at 0.2 mg/ml in sterile PBS. For liquid material, refer to CoA for concentration.
Shipping	Lyophilized product is shipped at ambient temperature. Liquid small pack size (-SP) is shipped with polar packs. Upon receipt, store immediately at the temperature recommended below.
Stability & Storage	<p>Use a manual defrost freezer and avoid repeated freeze-thaw cycles.</p> <ul style="list-style-type: none"> • 12 months from date of receipt, -20 to -70 °C as supplied. • 1 month, 2 to 8 °C under sterile conditions after reconstitution. • 6 months, -20 to -70 °C under sterile conditions after reconstitution.

BACKGROUND

Programmed Death-1 receptor (PD-1), also known as CD279, is type I transmembrane protein belonging to the CD28 family of immune regulatory receptors (1). Other members of this family include CD28, CTLA-4, ICOS, and BTLA (2-5). Mature human PD-1 consists of a 148 amino acid (aa) extracellular region (ECD) with one immunoglobulin-like V-type domain, a 24 aa transmembrane domain, and a 95 aa cytoplasmic region. The human PD-1 ECD shares 65% aa sequence identity with the mouse PD-1 ECD. The cytoplasmic tail contains two tyrosine residues that form the immunoreceptor tyrosine-based inhibitory motif (ITIM) and immunoreceptor tyrosine-based switch motif (ITSM) that are important for mediating PD-1 signaling. PD-1 acts as a monomeric receptor and interacts in a 1:1 stoichiometric ratio with its ligands PD-L1 (B7-H1) and PD-L2 (B7-DC) (6, 7). PD-1 is expressed on activated T cells, B cells, monocytes, and dendritic cells while PD-L1 expression is constitutive on the same cells and also on nonhematopoietic cells such as lung endothelial cells and hepatocytes (8, 9). Ligation of PD-L1 with PD-1 induces co-inhibitory signals on T cells promoting their apoptosis, anergy, and functional exhaustion (10). Thus, the PD-1: PD-L1 interaction is a key regulator of the threshold of immune response and peripheral immune tolerance (11). Finally, blockade of the PD-1: PD-L1 interaction by either antibodies or genetic manipulation accelerates tumor eradication and shows potential for improving cancer immunotherapy (12, 13, 14).

References:

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