Catalog # TNA-AM494



### Source

Monoclonal Anti-TNF-alpha Antibody, Human IgG1 (16H5) is a chimeric monoclonal antibody recombinantly expressed from HEK293, which combines the variable region of a mouse monoclonal antibody with Human constant domain.

### Clone

16H5

Isotype

Human IgG1 | Kappa

Conjugate

Unconjugated

Antibody Type

Recombinant Monoclonal

### Reactivity

Human

### Immunogen

Recombinant Human TNF-alpha derived from human HEK293 cells

## Specificity

This product is a specific antibody specifically reacts with TNF-alpha.

## Application

Application Recommended Usage

ELISA

0.1-10 ng/mL

### Purity

>95% as determined by SDS-PAGE.

>90% as determined by SEC-MALS.

## Purification

Protein A purified/ Protein G purified

## Formulation

Lyophilized from 0.22  $\mu$ m filtered solution in PBS, pH7.4 with trehalose as protectant.

Contact us for customized product form or formulation.

### Reconstitution

Please see Certificate of Analysis for specific instructions.

For best performance, we strongly recommend you to follow the reconstitution protocol provided in the CoA.

### Storage

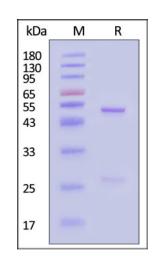
For long term storage, the product should be stored at lyophilized state at -20°C or lower.

Please avoid repeated freeze-thaw cycles.

This product is stable after storage at:

- -20°C to -70°C for 12 months in lyophilized state;
- -70°C for 3 months under sterile conditions after reconstitution.

# **SDS-PAGE**

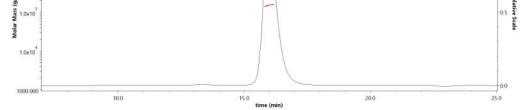


# **SEC-MALS**

1.0x10

1.0x10







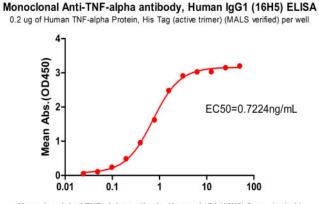






Monoclonal Anti-TNF-alpha Antibody, Human IgG1 (16H5) on SDS-PAGE under reducing (R) condition. The gel was stained with Coomassie Blue. The purity of the protein is greater than 95% (With <u>Star Ribbon Pre-stained Protein</u> <u>Marker</u>).

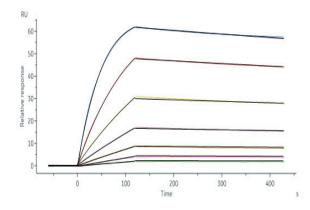
# **Bioactivity-ELISA**



Monoclonal Anti-TNF-alpha antibody, Human IgG1 (16H5) Conc. (ng/mL)

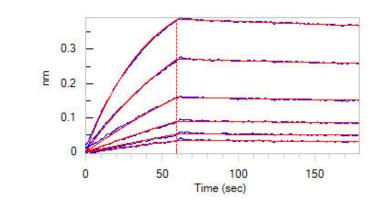
Immobilized Human TNF-alpha Protein, His Tag (active trimer) (MALS verified) (Cat. No. TNA-H5228) at  $2\mu$ g/mL (100 $\mu$ L/well) can bind Monoclonal Anti-TNF-alpha antibody, Human IgG1 (16H5) (Cat. No. TNA-AM494) with a linear range of 0.04-1.25 ng/mL (QC tested).

# **Bioactivity-SPR**



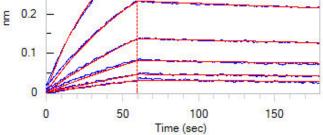
Monoclonal Anti-TNF-alpha antibody, Human IgG1 (16H5) (Cat. No. TNA-AM494) captured on CM5 chip via Anti-human IgG Fc antibodies surface can bind Human TNF-alpha, His Tag (Cat. No. TNA-H5228) with an affinity constant of 0.132 nM as determined in a SPR assay (Biacore 8K) (Routly tested).

## **Bioactivity-BLI**



The purity of Monoclonal Anti-TNF-alpha Antibody, Human IgG1 (16H5) (Cat. No. TNA-AM494) is more than 90% and the molecular weight of this protein is around 135-160 kDa verified by SEC-MALS. <u>Report</u>









Catalog # TNA-AM494



Loaded Monoclonal Anti-TNF-alpha antibody, Human IgG1 (16H5) (Cat. No. TNA-AM494) on Protein A Biosensor, can bind Human TNF-alpha, His Tag (active trimer) (MALS verified) (Cat. No. TNA-H5228) with an affinity constant of 1.72 nM as determined in BLI assay (ForteBio Octet Red96e) (Routinely tested).

Loaded Monoclonal Anti-TNF-alpha antibody, Human IgG1 (16H5) (Cat. No. TNA-AM494) on Protein A Biosensor, can bind Human TNF-alpha, premium grade (MALS verified) (Cat. No. TNA-H4211) with an affinity constant of 2.61 nM as determined in BLI assay (ForteBio Octet Red96e) (Routinely tested).

# Background

Tumor necrosis factor alpha (TNF $\alpha$ ) is a cytokine produced primarily by monocytes and macrophages. It is found in synovial cells and macrophages in the tissues. The primary role of TNF $\alpha$  is in the regulation of immune cells. TNF $\alpha$  is able to induce apoptotic cell death, to induce inflammation, and to inhibit tumorigenesis and viral replication. Dysregulation of TNF $\alpha$  production has been implicated in a variety of human diseases, including major depression, Alzheimer's disease and cancer. Recombinant TNF $\alpha$  is used as an immunostimulant under the INN tasonermin. TNF $\alpha$  can be produced ectopically in the setting of malignancy and parallels parathyroid hormone both in causing secondary hypercalcemia and in the cancers with which excessive production is associated.

# **Clinical and Translational Updates**



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