

Anti-Human CD257 (Tabalumab) — Fc Muted™

Biosimilar Recombinant Human Monoclonal Antibody

Product Information

Product No.:	LT1405
Clone:	LY2127399
RRID:	AB_2893906
Isotype:	Human IgG4κ

Product Description

Specificity:

This non-therapeutic biosimilar antibody uses the same variable region sequence as the therapeutic antibody Tabalumab. Tabalumab neutralizes soluble human, cynomolgus monkey, and rabbit BAFF. Additionally, Tabalumab neutralizes membrane-bound BAFF. This product is for research use only.

Antigen Distribution:

BAFF is expressed on various cell types including monocytes, dendritic cells and bone marrow stromal cells.

Background:

Tabalumab is a human monoclonal anti-B-cell activating factor (BAFF) antibody intended for the treatment of autoimmune diseases and B cell malignancies.¹ BAFF is a membrane-bound, type II transmembrane protein that belongs to the tumor necrosis factor (TNF) ligand family and is the ligand for BR3, TACI, and BCMA. BAFF is an immunostimulant necessary for maintaining normal immunity. This cytokine has also been shown to play an important role in the proliferation and differentiation of B cells. An inadequate level of BAFF leads to immunodeficiency whilst an elevated level of BAFF causes unusually high antibody production that results in the development of autoimmune diseases such as systemic lupus erythematosus and rheumatoid arthritis. Additionally, BAFF has been found in renal transplant biopsies with acute rejection.² Furthermore, BAFF may be a mediator of food-related inflammation, and is associated with multiple dietary ailments including celiac disease, insulin resistance, diabetes, and obesity.³ Interestingly, it is suspected that BAFF may be involved in non-IgE-mediated reactions because there is no known correlation between BAFF and IgE.⁴ More research is needed to unlock the enormous therapeutic potential for BAFF antagonists. This cost-effective, research-grade Anti-Human CD257 (BAFF) (Tabalumab) utilizes the same variable regions from the therapeutic antibody Tabalumab making it ideal for research projects.

Known Reactivity Species:

Cynomolgus Monkey, Human, Rabbit

Expression Host:

HEK-293 Cells

Format:

Purified No Carrier Protein

Immunogen:

Original antibody was raised against soluble human BAFF.

Products are for research use only. Not for use in diagnostic or therapeutic procedures.

Product Datasheet

www.leinco.com



Formulation

This biosimilar antibody is aseptically packaged and formulated in 0.01 M phosphate buffered saline (150 mM NaCl) PBS pH 7.2 - 7.4 with no carrier protein, potassium, calcium or preservatives added. Due to inherent biochemical properties of antibodies, certain products may be prone to precipitation over time. Precipitation may be removed by aseptic centrifugation and/or filtration.

Purity

≥95% by SDS Page, ≥95% monomer by analytical SEC

Endotoxin

< 1.0 EU/mg as determined by the LAL method

Storage and Stability

Functional grade preclinical antibodies may be stored sterile as received at 2-8°C for up to one month. For longer term storage, aseptically aliquot in working volumes without diluting and store at ≤ -70°C. **Avoid Repeated Freeze Thaw Cycles.**

Product Preparation

Recombinant biosimilar antibodies are manufactured in an animal free facility using only *in vitro* protein free cell culture techniques and are purified by a multi-step process including the use of protein A or G to assure extremely low levels of endotoxins, leachable protein A or aggregates.

Pathogen Testing

To protect mouse colonies from infection by pathogens and to assure that experimental preclinical data is not affected by such pathogens, all of Leinco's recombinant biosimilar antibodies are tested and guaranteed to be negative for all pathogens in the IDEXX IMPACT I Mouse Profile.

Other Applications Reported in Literature:

FA
N
IP
WB
ELISA
IF

Country of Origin

USA

References

1. Manetta, J. *et al.* (2014) *J Inflamm Res.* **7**: 121–131
2. Clatworthy, MR. *et al.* (2013) *Transplantation.* **96**(4): 413–420.
3. Lied, GA. and Berstad, A. (2011) *Scand J Immunol.* **73**(1):1-7.
4. Büchler, JR. and Cano, MN. (1986) *Jpn Heart J.* **27**(1):117-22.

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