

# BAMOMAB

## Human soluble MICA ELISA Kit

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<b>Antigen:</b>	<b>Soluble human MICA (MHC-class I-related chain A)</b>
<b>Catalog Number:</b>	MICA-EK-1000
<b>Applications:</b>	Detection of soluble MICA in serum and cell culture supernatants
<b>Capture antibody (1 vial):</b>	
Clone:	AMO1 (mouse IgG1, kappa)
Concentration:	1 mg/ml
Formulation:	0.5 mg in 0.5 ml phosphate-buffered saline, pH 7.4, no sodium azide
Storage:	Store at 4°C. For long-term storage freezing at -20°C is recommended.
<b>Detection antibody (1 vial):</b>	
Clone:	BAMO3 (mouse IgG2a, kappa)
Concentration:	0.2 mg/ml
Formulation:	0.1 mg in 0.5 ml phosphate-buffered saline, pH 7.4, no sodium azide
Storage:	Store at 4°C. For long-term storage freezing at -20°C is recommended.
<b>Standard (5 vials):</b>	recombinant soluble MICA*04 (purified from E.coli)
Concentration:	100 ng/ml
Formulation:	20 ng in 0.2 ml phosphate-buffered saline, 5% bovine serum albumin, pH 7.4
Storage:	Store at -20°C. Use aliquots after thawing within 1-2 weeks.
<b>Usage:</b>	See attached ELISA instruction sheet.
<b>Description:</b>	MICA (MHC class I-related chain A) is a polymorphic, human MHC-encoded cell surface glycoprotein and ligand of the activating C-type lectin-like immunoreceptor NKG2D [1-5]. NKG2D engagement of MICA activates NK cells and costimulates CD8 T cells [3,6]. MICA is expressed on gastrointestinal epithelium and inducible by cell stress, viral and bacterial infection [2,6-8]. MICA is also expressed by malignant epithelial and haematopoietic cells, and MICA expression has been shown to enhance tumor rejection in vivo [9-12]. Tumor cells shed soluble MICA which is detectable in sera of patients with epithelial and haematopoietic malignancies and may counteract tumor immunosurveillance [10,13-15].
<b>Conditions:</b>	<b>For research use only. Not for use in diagnostic or therapeutic procedures. BAMOMAB is not responsible for any patent infringements caused by the use of this product.</b>
<b>Country of Origin:</b>	Germany
<b>Literature:</b>	<ol style="list-style-type: none"><li>1. Bahram S et al. <i>Proc Natl Acad Sci USA</i> <b>91</b>, 6259-6263 (1994).</li><li>2. Groh V et al. <i>Proc Natl Acad Sci USA</i> <b>93</b>, 12445-12450 (1996).</li><li>3. Bauer S et al. <i>Science</i> <b>285</b>, 727-729 (1999).</li><li>4. Steinle A et al. <i>Immunogenetics</i> <b>53</b>, 279-287 (2001).</li><li>5. Li P et al. <i>Nat Immunol</i> <b>2</b>, 443-451 (2001).</li><li>6. Groh V et al. <i>Nat Immunol</i> <b>2</b>, 255-260 (2001).</li><li>7. Spies T <i>Proc Natl Acad Sci USA</i> <b>99</b>, 2584-2586 (2002).</li><li>8. Welte S et al. <i>Eur J Immunol</i> <b>33</b>, 194-203 (2003).</li><li>9. Groh V et al. <i>Proc Natl Acad Sci USA</i> <b>96</b>, 6879-6884 (1999).</li><li>10. Salih HR et al. <i>Blood</i> <b>102</b>, 1389-1396 (2003).</li><li>11. Friese MA et al. <i>Cancer Res</i> <b>63</b>, 8996-9006 (2003).</li><li>12. Wiemann K et al. <i>J Immunol</i> <b>175</b>, 720-729 (2005).</li><li>13. Salih HR et al. <i>J Immunol</i> <b>169</b>, 4098-4102 (2002).</li><li>14. Groh V et al. <i>Nature</i> <b>419</b>, 734-738 (2002).</li><li>15. Holdenrieder S et al. <i>Int J Cancer</i> <b>118</b>, 684-687 (2006).</li></ol>