



Synonym

CD19,B4,CVID3,MGC12802

Source

Human CD19 (20-291), Fc Tag(CD9-H5259) is expressed from human 293 cells (HEK293). It contains AA Pro 20 - Lys 291 (Accession # [P15391-1](#)).

Predicted N-terminus: Pro 20

Molecular Characterization

CD19(Pro 20 - Lys 291) P15391-1	Fc(Pro 100 - Lys 330) P01857
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This protein carries a human IgG1 Fc tag at the C-terminus.

The protein has a calculated MW of 56.3 kDa. The protein migrates as 56-90 kDa when calibrated against [Star Ribbon Pre-stained Protein Marker](#) under reducing (R) condition (SDS-PAGE) due to glycosylation.

Endotoxin

Less than 0.1 EU per µg by the LAL method.

Sterility

Negative

Purity

>95% as determined by SDS-PAGE.

Formulation

Lyophilized from 0.22 µm 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

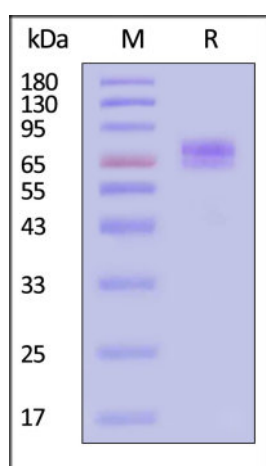
For long term storage, the product should be stored at lyophilized state at -20°C or lower.

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 6 months under sterile conditions after reconstitution.

SDS-PAGE



Human CD19 (20-291), Fc Tag on SDS-PAGE under reducing (R) condition. The gel was stained with Coomassie Blue. The purity of the protein is greater than 95% (With [Star Ribbon Pre-stained Protein Marker](#)).

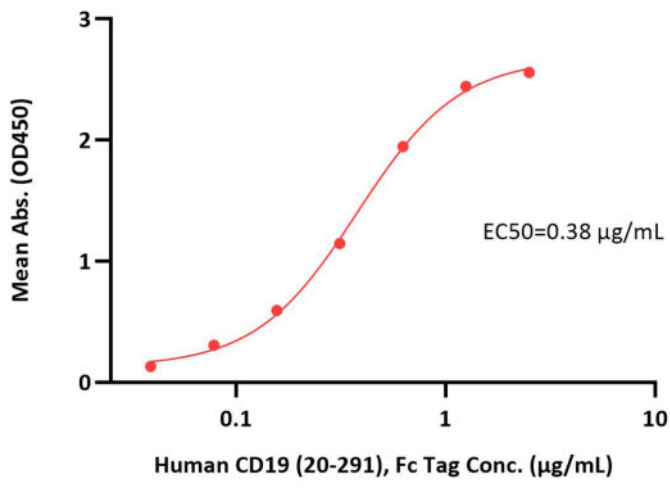
Bioactivity-ELISA

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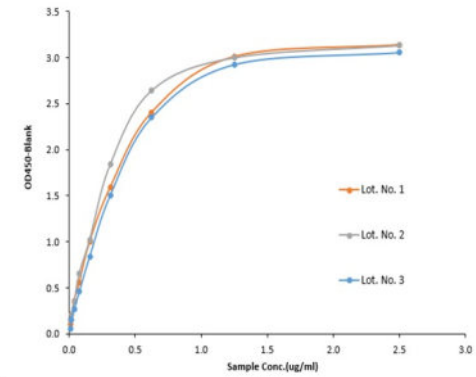


Human CD19 (20-291), Fc Tag ELISA
0.1 µg of FMC63 per well



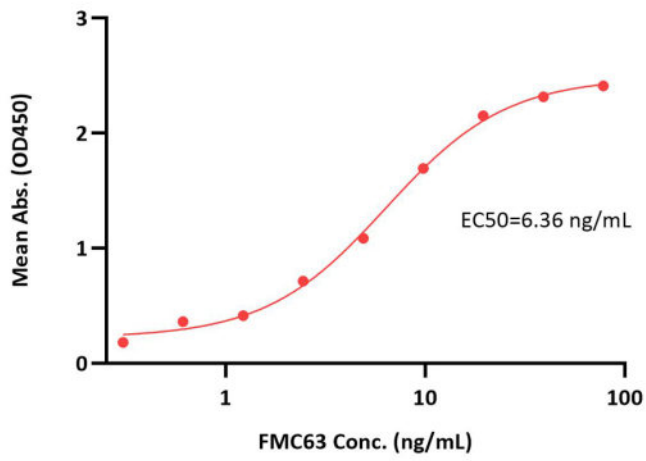
Immobilized FMC63 at 1 µg/mL (100 µL/well) can bind Human CD19 (20-291), Fc Tag (Cat. No. CD9-H5259) with a linear range of 0.039-0.625 µg/mL (QC tested).

Batch consistency



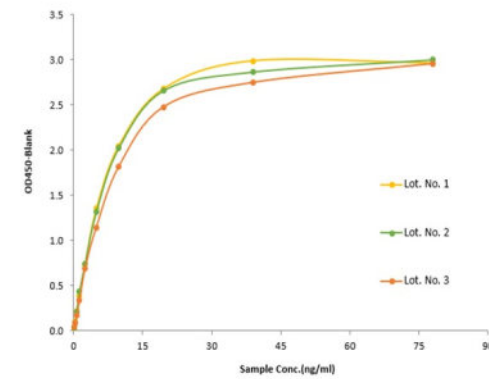
Lot. No.	EC50(µg/mL)
Lot. No. 1	0.3168
Lot. No. 2	0.2651
Lot. No. 3	0.3260

Human CD19 (20-291), Fc Tag ELISA
0.5 µg of Human CD19 (20-291), Fc Tag per well



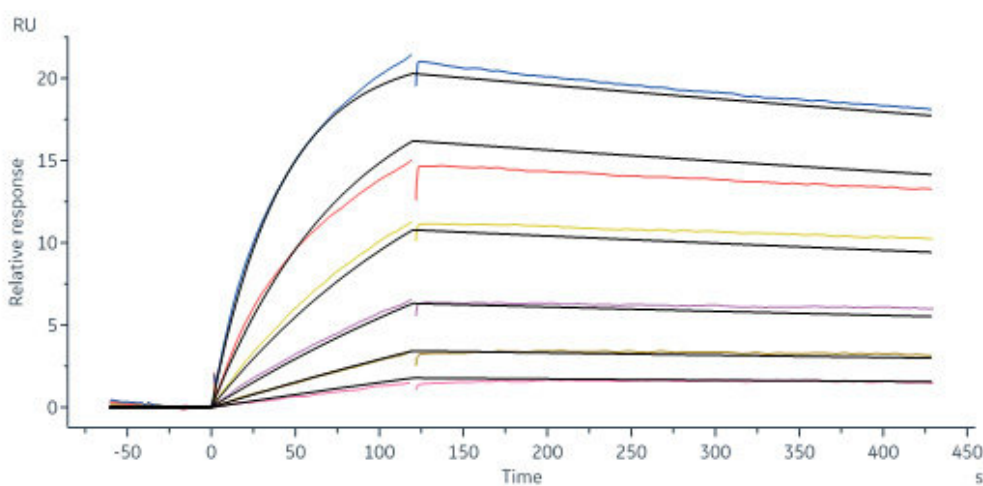
Immobilized Human CD19 (20-291), Fc Tag (Cat. No. CD9-H5259) at 5 µg/mL (100 µL/well) can bind FMC63 with a linear range of 0.6-20 ng/mL (QC tested).

Batch consistency



Lot. No.	EC50(µg/mL)
Lot. No. 1	0.0069
Lot. No. 2	0.0061
Lot. No. 3	0.0059

Bioactivity-SPR



Human CD19 (20-291), Fc Tag (Cat. No. CD9-H5259) captured on CM5 chip via Anti-human IgG Fc antibodies surface can bind Monoclonal Anti-Human CD19 Antibody (Mouse IgG2a) with an affinity constant between 0.083 nM - 0.75 nM as determined in a SPR assay (Biacore 8K) (QC tested).

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Background

B-lymphocyte antigen CD19 is also known as CD19 (Cluster of Differentiation 19), is a single-pass type I membrane protein which contains two Ig-like C2-type (immunoglobulin-like) domains. CD19 is expressed on follicular dendritic cells and B cells. In fact, it is present on B cells from earliest recognizable B-lineage cells during development to B-cell blasts but is lost on maturation to plasma cells. It primarily acts as a B cell co-receptor in conjunction with CD21 and CD81. Upon activation, the cytoplasmic tail of CD19 becomes phosphorylated, which leads to binding by Src-family kinases and recruitment of PI-3 kinase. As on T cells, several surface molecules form the antigen receptor and form a complex on B lymphocytes. The (almost) B cell-specific CD19 phosphoglycoprotein is one of these molecules. The others are CD21 and CD81. These surface immunoglobulin (sIg)-associated molecules facilitate signal transduction. On living B cells, anti-immunoglobulin antibody mimicking exogenous antigen causes CD19 to bind to sIg and internalize with it. The reverse process has not been demonstrated, suggesting that formation of this receptor complex is antigen-induced. This molecular association has been confirmed by chemical studies. Mutations in CD19 are associated with severe immunodeficiency syndromes characterized by diminished antibody production. CD19 has been shown to interact with: CD81, CD82, Complement receptor 2, and VAV2.

Clinical and Translational Updates

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