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iF647 Anti-human HLA-G Antibody

Catalog Number:	112703, 112704
Size:	25 tests, 100 tests
Target Name:	HLA-G, Human Leukocyte Antigen-G
Regulatory Status:	RUO

PRODUCT DETAILS

Clone:	HLAGAR1
Application:	Flow Cytometry
Reactivity:	Human
Format:	iF647
Isotype:	Rat IgG1
Antibody Type:	Monoclonal
Formulation:	Phosphate-buffered solution, pH 7.2, containing 0.09% sodium azide and 0.2% (w/v) BSA
Protein Concentration:	Supplied at a lot-specific concentration.
Storage&Handling:	The antibody solution should be stored undiluted between 2°C and 8°C, and protected from prolonged exposure to light. Do not freeze.
Recommended Usage:	For flow cytometric staining, it is recommended to use 5 µL of this reagent per 0.5-1.0 million cells in a 100 µL volume. Optimal reagent performance should be determined by titration for each specific application. iF647 has an excitation max at 656 nm and an emission max at 670 nm.
Excitation Laser:	Red Laser (633 nm)
Isotype Control:	303407

BACKGROUND INFORMATION

HLA-G is a non-classical major histocompatibility complex (MHC) class I molecule encoded within the human leukocyte antigen (HLA) region. Unlike classical MHC class I proteins, HLA-G has limited polymorphism and a restricted tissue distribution, primarily expressed at the maternal–fetal interface, where it plays a critical role in immune tolerance during pregnancy.

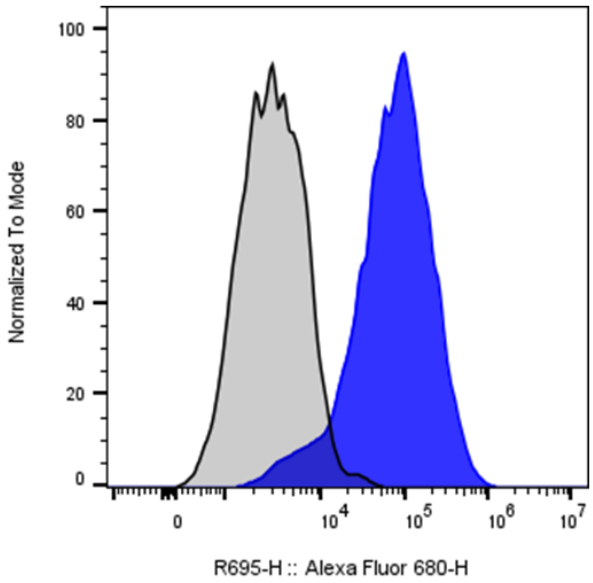
Structurally, HLA-G consists of a heavy chain associated with β2-microglobulin and presents peptides similarly to other MHC class I molecules. However, alternative splicing generates multiple isoforms, including both membrane-bound (e.g., HLA-G1) and soluble forms (e.g., HLA-G5). These structural variants contribute to its diverse immunomodulatory functions.

HLA-G interacts with inhibitory receptors such as ILT2 (LILRB1), ILT4 (LILRB2), and KIR2DL4 expressed on immune cells including natural killer (NK) cells, T cells, and antigen-presenting cells. Through these ligand–receptor interactions, HLA-G suppresses immune responses by inhibiting cytotoxic activity, reducing cytokine production, and promoting regulatory cell phenotypes.

In disease contexts, aberrant expression of HLA-G has been associated with cancer, viral infections, and autoimmune disorders. Many tumors exploit HLA-G expression to evade immune surveillance, leading to poorer clinical outcomes. Conversely, reduced HLA-G expression may contribute to pregnancy complications such as preeclampsia or recurrent miscarriage.

Therapeutically, HLA-G represents a promising target in both immunosuppression and immuno-oncology. Enhancing HLA-G activity could be beneficial in transplantation and autoimmune diseases by promoting immune tolerance. In contrast, blocking HLA-G or its receptors is being explored as a strategy to restore anti-tumor immunity. Ongoing research aims to better understand its mechanisms and develop targeted therapies that modulate HLA-G pathways.

PRODUCT DATA



JEG-3 cells were stained with iF647 Anti-Human HLA-G clone HLAGAR1 (color-filled histogram) or an isotype control (gray histogram).

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