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InnoCyto Inc.

15375 Barranca Pkwy, Suite I-103
Irvine, CA 92618
Email: info@innocyto.com
Phone: 1-949-418-7543

Anti-Human CD22 Antibody

Catalog Number:	100601, 100602
Size:	100 ug, 500 ug
Target Name:	CD22, BL-CAM, Siglec-2
Regulatory Status:	RUO

PRODUCT DETAILS

Clone:	HIB22
Application:	Flow Cytometry
Reactivity:	Human, Chimpanzee
Format:	Purified
Isotype:	Mouse IgG1
Antibody Type:	Monoclonal
Formulation:	Phosphate-buffered solution, pH 7.2, containing 0.09% sodium azide
Protein Concentration:	0.5 mg/mL
Storage&Handling:	The antibody solution should be stored between 2°C and 8°C
Recommended Usage:	For flow cytometric staining, it is recommended to use less than 0.2 µg 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.
Isotype Control:	301401
RRID:	AB_3738577
GeneID:	933

BACKGROUND INFORMATION

CD22 is a B cell–specific transmembrane glycoprotein that functions as an important regulator of B cell receptor (BCR) signaling and immune tolerance. Also known as Siglec-2, CD22 belongs to the sialic acid–binding immunoglobulin-like lectin (Siglec) family and is expressed almost exclusively on mature B cells, with expression increasing as B cells progress from the naïve to mature stages. Through its inhibitory signaling capacity, CD22 helps fine-tune B cell activation and prevent inappropriate immune responses.

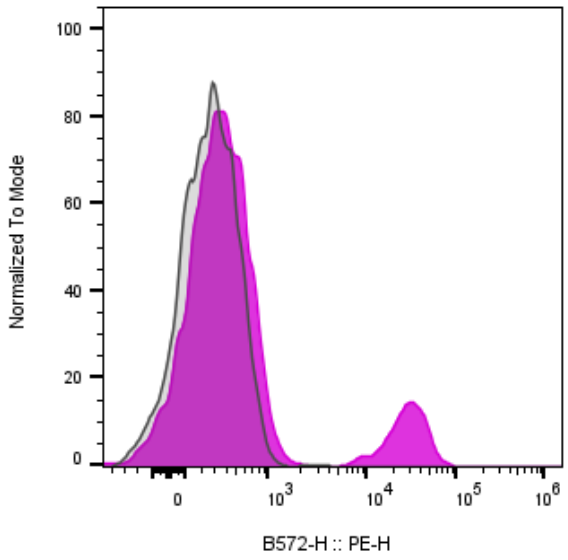
Structurally, CD22 is a type I transmembrane protein with a large extracellular region composed of seven immunoglobulin-like domains. The N-terminal domain mediates binding to sialic acid–containing glycans, which serve as its primary ligands. CD22 preferentially recognizes α2,6-linked sialic acids that are commonly present on glycoproteins and glycolipids expressed on B cells themselves (cis interactions) as well as on neighboring cells (trans interactions). The cytoplasmic tail of CD22 contains multiple immunoreceptor tyrosine-based inhibitory motifs (ITIMs), which are essential for its signaling function. Functionally, CD22 acts as a negative regulator of BCR signaling. Upon BCR engagement, CD22 becomes phosphorylated and recruits phosphatases such as SHP-1 to its ITIM motifs. These phosphatases attenuate downstream signaling pathways, thereby raising the threshold for B cell

activation. Through this mechanism, CD22 contributes to the maintenance of B cell tolerance and limits excessive antibody production. CD22 also influences B cell survival, migration, and interactions within lymphoid tissues.

Dysregulation of CD22 expression or signaling has been linked to immune-mediated diseases and malignancy. Reduced CD22 function can lead to hyperactive B cells and has been associated with autoimmune diseases such as systemic lupus erythematosus. In contrast, CD22 is frequently overexpressed on B cell malignancies, including B cell acute lymphoblastic leukemia (B-ALL) and certain non-Hodgkin lymphomas, making it an attractive diagnostic and therapeutic target.

CD22 plays a significant role in therapeutics, particularly in the treatment of B cell cancers. Antibody-based therapies targeting CD22 have been developed to selectively eliminate malignant B cells. Notably, antibody–drug conjugates and immunotoxins that bind CD22 deliver cytotoxic agents directly to cancerous B cells, sparing most non–B cell populations. CD22 is also being explored as a target for engineered cell therapies and for strategies aimed at modulating B cell activity in autoimmune disease. Together, these approaches highlight CD22 as a key molecule at the intersection of B cell biology, disease, and targeted therapy.

PRODUCT DATA



Human peripheral blood lymphocytes stained with either Anti-human CD22 clone HIB22 (purple histogram) or an isotype control (gray histogram), followed by SA-PE.

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