abcam

Product datasheet

Alexa Fluor® 555 Anti-Apolipoprotein E antibody [EPR19392] ab302567



重组 RabMAb

2 图像

概述

产品名称 Alexa Fluor® 555荧光Anti-Apolipoprotein E抗体[EPR19392]

描述 Alexa Fluor® 555荧光兔单克隆抗体[EPR19392] to Apolipoprotein E

宿主 Rabbit

偶联物 Alexa Fluor® 555. Ex: 555nm. Em: 565nm

经测试应用 适用干: ICC/IF

不适用于: Flow Cyt (Intra) or IHC-P

种属反应性 与反应: Human

不与反应: Mouse. Rat

免疫原 Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.

阳性对照 ICC/IF: HepG2 cells (Human hepatocellular carcinoma epithelial cells).

常规说明 This product is a recombinant monoclonal antibody, which offers several advantages including:

- High batch-to-batch consistency and reproducibility
- Improved sensitivity and specificity
- Long-term security of supply
- Animal-free production

For more information see here.

Our RabMAb[®] technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to **RabMAb**® **patents**.

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Life Technologies Corporation, 5781 Van Allen Way, Carlsbad, CA 92008 USA or **outlicensing@thermofisher.com**.

性能

形式 Liquid

存放说明 Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C long

term. Avoid freeze / thaw cycle. Store In the Dark.

存储溶液 pH: 7.4

Preservative: 0.02% Sodium azide

Constituents: 68% PBS, 30% Glycerol (glycerin, glycerine), 1% BSA

纯**度** Protein A purified

克隆 单克隆

克隆编号 EPR19392

同种型 lgG

应用

The Abpromise guarantee Abpromise™承诺保证使用ab302567于以下的经测试应用

"应用说明"部分下显示的仅为推荐的起始稀释度;实际最佳的稀释度/浓度应由使用者检定。

应用	Ab评论	说 明
ICC/IF		1/50.

应用说明 Is unsuitable for Flow Cyt (Intra) or IHC-P.

靶标

功能 Mediates the binding, internalization, and catabolism of lipoprotein particles. It can serve as a

ligand for the LDL (apo B/E) receptor and for the specific apo-E receptor (chylomicron remnant)

of hepatic tissues.

组织特异性 Occurs in all lipoprotein fractions in plasma. It constitutes 10-20% of very low density lipoproteins

(VLDL) and 1-2% of high density lipoproteins (HDL). APOE is produced in most organs.

Significant quantities are produced in liver, brain, spleen, lung, adrenal, ovary, kidney and muscle.

疾病相关 Defects in APOE are a cause of hyperlipoproteinemia type 3 (HLPP3) [MIM:107741]; also known

as familial dysbetalipoproteinemia. Individuals with HLPP3 are clinically characterized by xanthomas, yellowish lipid deposits in the palmar crease, or less specific on tendons and on elbows. The disorder rarely manifests before the third decade in men. In women, it is usually expressed only after the menopause. The vast majority of the patients are homozygous for APOE*2 alleles. More severe cases of HLPP3 have also been observed in individuals

heterozygous for rare APOE variants. The influence of APOE on lipid levels is often suggested to have major implications for the risk of coronary artery disease (CAD). Individuals carrying the

common APOE*4 variant are at higher risk of CAD.

Genetic variations in APOE are associated with Alzheimer disease type 2 (AD2) [MIM:104310]. It is a late-onset neurodegenerative disorder characterized by progressive dementia, loss of

cognitive abilities, and deposition of fibrillar amyloid proteins as intraneuronal neurofibrillary tangles, extracellular amyloid plaques and vascular amyloid deposits. The major constituent of these plaques is the neurotoxic amyloid-beta-APP 40-42 peptide (s), derived proteolytically from the transmembrane precursor protein APP by sequential secretase processing. The cytotoxic Cterminal fragments (CTFs) and the caspase-cleaved products such as C31 derived from APP, are also implicated in neuronal death. Note=The APOE*4 allele is genetically associated with the common late onset familial and sporadic forms of Alzheimer disease. Risk for AD increased from 20% to 90% and mean age at onset decreased from 84 to 68 years with increasing number of APOE*4 alleles in 42 families with late onset AD. Thus APOE*4 gene dose is a major risk factor for late onset AD and, in these families, homozygosity for APOE*4 was virtually sufficient to cause AD by age 80. The mechanism by which APOE*4 participates in pathogenesis is not known. Defects in APOE are a cause of sea-blue histiocyte disease (SBHD) [MIM:269600]; also known as sea-blue histiocytosis. This disorder is characterized by splenomegaly, mild thrombocytopenia and, in the bone marrow, numerous histiocytes containing cytoplasmic granules which stain bright blue with the usual hematologic stains. The syndrome is the consequence of an inherited metabolic defect analogous to Gaucher disease and other sphingolipidoses.

Defects in APOE are a cause of lipoprotein glomerulopathy (LPG) [MIM:611771]. LPG is an uncommon kidney disease characterized by proteinuria, progressive kidney failure, and distinctive lipoprotein thrombi in glomerular capillaries. It mainly affects people of Japanese and Chinese origin. The disorder has rarely been described in Caucasians.

Belongs to the apolipoprotein A1/A4/E family.

Synthesized with the sialic acid attached by O-glycosidic linkage and is subsequently desialylated in plasma. O-glycosylated with core 1 or possibly core 8 glycans. Thr-307 is a minor glycosylation site compared to Ser-308.

Glycated in plasma VLDL of normal subjects, and of hyperglycemic diabetic patients at a higher level (2-3 fold).

Phosphorylation sites are present in the extracelllular medium.

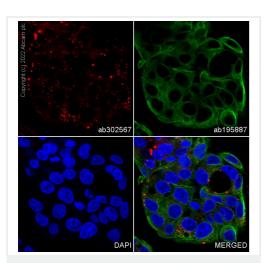
细胞定位

序列相似性

翻译后修饰

Secreted.

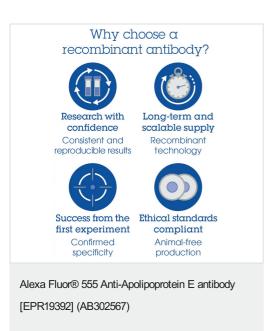
图片



Immunocytochemistry/ Immunofluorescence - Alexa Fluor® 555 Anti-Apolipoprotein E antibody [EPR19392] (AB302567) Immunofluorescent analysis of 4% paraformaldehyde-fixed, 0.1% Triton X-100 permeabilized HepG2 (Human hepatocellular carcinoma epithelial cell) cells labeling Apolipoprotein E with ab302567 at 1/50 dilution (Red). Confocal image showing cytoplasmic staining in HepG2 cells. The nuclear counter stain is DAPI (blue).

Tubulin is detected with <u>ab195887</u> Anti-alpha Tubulin mouse monoclonal antibody - Microtubule Marker (Alexa Fluor[®] 488) at 1:200 dilution (2.5 μ g/mL) (Green).

3



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