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Product Information

Anti-CX3CR1, N-terminal

produced in rabbit, affinity isolated antibody

Catalog Number C8354

Product Description

Anti-CX3CR1, N-Terminal, is produced in rabbit using as immunogen a peptide corresponding to the N-terminal and amino acids 2 to 21 of human CX3CR1. This sequence differs from that of mouse and rat by four amino acids. The DNA sequence of human, mouse, and rat CX3CR1 was originally cloned and designated as V28 and CMKBRL1, CX3CR1, and RBS11, respectively. Subsequently, this seven transmembrane protein was identified as the receptor for a transmembrane molecule, fractalkine, and renamed as CX3CR1.

The antibody recognizes human CX3CR1 (a CXXXC chemokine receptor) by immunoblotting using human spleen tissue lysate, and is also reactive in mouse and rat.

Chemokines have been sub-divided into families on the basis of the relative position of their cysteine residues. The α - and β - families, with four cysteine residues, are the largest and best characterized. In the α -family, one amino acid separates the first two cysteine residues (CXC); in the β -family the two cysteine residues (CC) are adjacent to each other. The α -chemokines (such as IL-8) that contain the N-terminal Glu-Leu-Arg amino acid sequence (ELR-motif) are chemotactic for neutrophils, while those that do not, (such as IP-10 and MIG) act on lymphocytes. Examples of chemokines under the β-family category are MCP1-5 and RANTES. The chemokine lymphotactin belongs to the γ -family. with only two cysteines (C), and the recently described fractalkine or neurotactin is a member of the δ -family and has the first two cysteine residues separated by three amino acids (CXXXC).

Chemokines bind to specific G protein-coupled cell surface receptors on target cells. Five CXC receptors (CXCR1-5), nine CC receptors (CCR1-9) and one CXXXC receptor (CX3CR1) have been cloned to date. Expression of chemokine receptors can be restricted to some cell types (CXCR1 is expressed in neutrophils) while others (such as CCR2) are expressed in a wide

variety of cells. Receptor expression has also been found to be constitutive (including down regulation), inducible or restricted to a cell state of activation. In addition, some chemokine receptors are also expressed in non-hematopoietic cells, such as nerve, endothelial and epithelial cells. This suggests that chemokines have other roles besides leukocyte chemotaxis. CX3CR1, for example, is highly expressed in adult brain.

Receptor activation leads to a cascade of cellular events including the generation of inositol triphosphate, the release of calcium, and the activation of protein kinase C. Chemokine receptors activate small GTP-binding proteins of the Ras and Rho families, the latter being involved in cell motility events. In addition, chemokines bind to non-signaling molecules such as the Duffy antigen receptor for chemokines (DARC) which may act to remove chemokines from the circulation, and heparan sulfates proteoglycans that may serve to establish an extracellular matrix concentration gradient.

CX3CR1 is expressed in a variety of human tissues and cell lines, including T cells and macrophages. It functions as a co-receptor for HIV-1 and HIV-2 envelope fusion and virus infection which can be inhibited by fractalkine. It also mediates leukocyte migration and adhesion.

Reagents

Supplied as a solution in phosphate buffered saline, containing 0.02% sodium azide.

Concentration: ~1mg/mL

Precautions and Disclaimer

This product is for R&D use only, not for drug, household, or other uses. Please consult the Material Safety Data Sheet for information regarding hazards and safe handling practices.

Storage/Stability

Antibody can be stored at 2-8 °C for three months and at -20 °C for one year. As with all antibodies care should be taken to avoid repeated freeze thaw cycles. Antibodies should not be exposed to prolonged high temperatures.

Product Profile

Immunoblotting: the recommended antibody concentration is 0.5-1 μg/mL using human spleen tissue lysate. A band of ~50 kDa is detected.

Immunohistochemistry: the recommended working antibody concentration is \sim 2 μ g/mL using human heart tissue.

Note: In order to obtain best results in different techniques and preparations we recommend determining optimal working concentration by titration test.

References

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