

RABBIT ANTI-PREPRO-OREXIN AFFINITY PURIFIED **POLYCLONAL ANTIBODY**

AB3096 **CATALOG NUMBER:**

LOT NUMBER:

QUANTITY: 50 μg

CONCENTRATION: 1.0 mg/mL

SPECIFICITY: Mouse Prepro-Orexin. The antibody will not react with mature Orexin-A or Orexin-B.

> Several peptides associated with feeding behavior have been reported recently. Orexins (Orexin-A and Orexin-B) are a family of hypothalamic neuropeptides selectively expressed in the hypothalamus (1). Orexin-A and Orexin-B are derived from the same precursor (Prepro-orexin) by proteolytic cleavage. Prepro-orexin is an 130 aa peptide with a putative 33 aa secretory sequence, a hydrophobic core followed by residues with small polar side chains. The expression was detected in brain and to a small extent in testis (1). These neuropeptides bind and activate two closely related Orexin receptors--G protein coupled

receptors (GPCRs) OX1R and OX2R.

A 17 amino acid peptide mapping near the C-terminus of mouse prepro-Orexin. **IMMUNOGEN:**

APPLICATIONS: Western blot: 1-10 µg/mL using Chemiluminescence technique

Immunohistochemistry: not tested. It is suggested that you try the antibody at 2-20 µg/mL.

ELISA: 1:10,000 - 100,000 using 50-100 ng of control peptide per well.

Optimal working dilutions must be determined by end user.

Mouse. Other species have not been tested. The immunogen peptide shows 82% homology **SPECIES REACTIVITIES:**

with rat and 70% homology with human.

Affinity purified immunoglobulin. **FORMAT:**

PRESENTATION: Liquid in PBS with 0.1% BSA.

STORAGE/HANDLING: Maintain frozen at -20°C in undiluted aliquots for up to 6 months after date of receipt. Avoid

repeated freeze/thaw cycles.

REFERENCE: Kaslin, J. et al. (2004) J. Neuroscience. 24:2678-2689.

RELATED 1. Sakurai, T et al. (1998) Cell. 92:573-585.

REFERENCES: DeLecca, L et al. (1998) PNAS. 95:322-327.

During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For products Important Note: with volumes of 200 μL or less, we recommend gently tapping the vial on a hard surface or briefly centrifuging the vial in a

tabletop centrifuge to dislodge any liquid in the container's cap.

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