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RABBIT ANTI-MOUSE AGGRECAN POLYCLONAL ANTIBODY

CATALOG NUMBER:	AB8135	**QUANTITY:**	50 µg
LOT NUMBER:		**CONCENTRATION:**	0.5 mg/ml
HOST:	Rabbit	**EPITOPE:**	ALG Neoepitope

BACKGROUND: This antibody specifically detects products of aggrecanase digested aggrecan in extracts of mouse cartilage it only recognizes the newly created N-terminus of aggrecanase digested mouse aggrecan.

SPECIFICITY: This antibody is highly specific for the aggrecenase-derived ALG neoepitope and does not detect the ALG sequence in undigested mouse aggrecan.

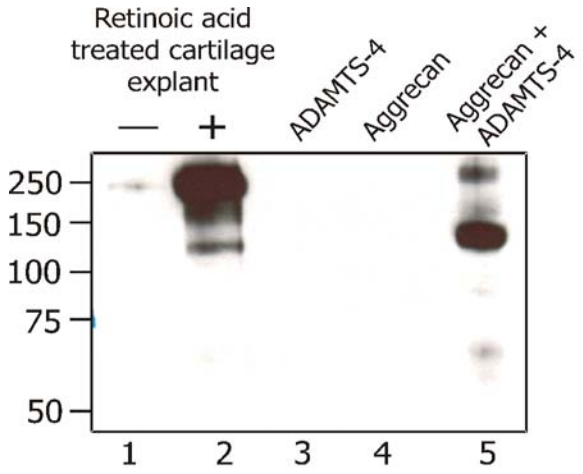
IMMUNOGEN: A 12 amino acid peptide sequence located in the ALGSV neoepitope, conjugated to ovalbumin as a carrier protein.

APPLICATIONS: Western Blot

10 µg mouse aggrecan incubated with or without 100 ng ADAMTS-4 in a total volume of 13 µl.

Lane 1 and 2: Medium harvested from mouse femoral head cartilage explants cultured with or without retinoic acid to induce aggrecan cleavage in the interglobular domain by aggrecanases.

7.5% reducing SDS-PAGE
5 µg/ml anti ALG antibody
1:10,000anti-rabbit-HRP secondary



SPECIES REACTIVITY: Mouse, this polyclonal antibody should not cross react with human aggrecan.

FORMAT: Affinity purified polyclonal antibody

PRESENTATION: PBS with 0.1% Azide

STORAGE/HANDLING: Store at -20°C in undiluted aliquots. Antibodies may be stored at 4°C for short-term use. Avoid repeated freeze-thaw cycles.

REFERENCES:

Stanton. *et al.* (2005) *Nature* **434**:648-652.
East, *et al* (2007*) J. Biol..Chem..**282**:* 8,632-8,640..
Beyer, E., *et al.* (1990) *J. Membrane Biol.* **116**: 187-194.
Henneman, H., *et al.* (1992) *Eur. J. Cell Biol*. **58**: 81-98.
Nishi, M., *et al*. (1991) *Dev. Biol*. **146**: 117-130.

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Zhang, J. and Nicholson, B. (1989) *J. Cell Biol*. **109**: 3391-3401.
Nicholson, B., *et al.* (1987) *Nature* **329**: 732-734.
Lee, S., *et al*. (1992*) J. Cell Biol.* **118**: 1213.

Important Note: *During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For products 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.*

For research use only; not for use as a diagnostic.

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