

Datasheet for 600-401-917**Ankrd26 Antibody****Overview**

Description:	Anti-Ankrd26 (RABBIT) Antibody - 600-401-917
Item No.:	600-401-917
Size:	100 µg
Applications:	ELISA, WB
Reactivity:	Mouse
Host Species:	Rabbit

Product Details

Background:	This antibody is designed, produced, and validated as part of a collaboration between Rockland and the National Cancer Institute (NCI) and is suitable for Cancer, Immunology and Nuclear Signaling research. POTE gene is expressed in prostate and breast cancer and a potential candidate for immuno-therapy. It is also expressed in undifferentiated embryonic stem (ES) cells. ANKRD-26 is the ancestral gene of POTE and has a homologue in mouse. Mouse Ankrd26 is also selectively expressed in ES cells and various cancers but not in other adult tissues. The encoded protein of Ankrd26 contains ankyrin repeats and coiled coil domain of spectrin suggestive of a signaling molecule.
Synonyms:	rabbit anti-Ankrd26 Antibody, ankrd 26, ankrd-26, Ankyrin repeat domain 26 antibody, Ankyrin repeat domain containing protein 26 antibody, bA145E8.1 antibody, KIAA1074 antibody
Host Species:	Rabbit
Clonality:	Polyclonal
Format:	IgG

Target Details

Gene Name:	Ankrd26
Reactivity:	Mouse
Immunogen Type:	Conjugated Peptide

Immunogen:	This affinity purified antibody was prepared from whole rabbit serum produced by repeated immunizations with a synthetic peptide corresponding to the N-Terminal region near amino acids 1-25 of mouse Ankrd26 protein.
Purity/Specificity:	This affinity-purified antibody is directed against mouse Ankrd26 protein. The product was affinity purified from monospecific antiserum by immunoaffinity purification. A BLAST analysis was used to suggest cross reactivity with Ankrd26 proteins from mouse (100%), rat (93%), bovine (81%) and human (68%). Reactivity against homologues from other sources is not known.
Relevant Links:	• UniProtKB - Q811D2 • NCBI - 28436723 • GenelD - 232339

Application Details

Tested Applications:	ELISA, WB
Application Note:	This affinity purified antibody has been tested for use in ELISA and by western blot. Specific conditions for reactivity should be optimized by the end user. Expect a band approximately 81 kDa in size corresponding to Ankrd26 by western blotting in the appropriate mouse tissue.
Assay Dilutions:	All assays should be optimized by the user. Recommended dilutions (if any) may be listed below.
ELISA:	1:20,000 - 1:80,000
WB:	1:500 - 1:3,000

Formulation

Physical State:	Liquid (sterile filtered)
Concentration:	1.48 mg/mL by UV absorbance at 280 nm
Buffer:	0.02 M Potassium Phosphate, 0.15 M Sodium Chloride, pH 7.2
Preservative:	0.01% (w/v) Sodium Azide
Stabilizer:	None

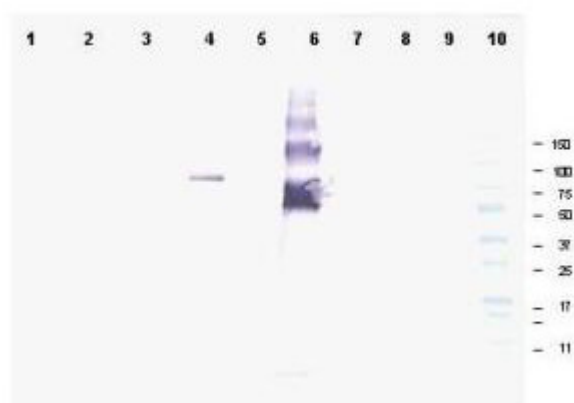
Shipping & Handling

Shipping Condition:	Dry Ice
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Storage Condition: Store vial at -20° C prior to opening. Aliquot contents and freeze at -20° C or below for extended storage. Avoid cycles of freezing and thawing. Centrifuge product if not completely clear after standing at room temperature. This product is stable for several weeks at 4° C as an undiluted liquid. Dilute only prior to immediate use.

Expiration: Expiration date is one (1) year from date of receipt.

Images



Western Blot

Western blot using Rockland's affinity purified anti-Ankrd26 antibody shows detection of a band at ~81 kDa corresponding to mouse Ankrd26 protein. Lane 1 Blank, Lane 2 MES cell lysate - 80 µg, Lane 3 MES cell lysate - 40 µg, Lane 4 293T-ANKRD26 transfected cell lysate - 20 µg, Lane 5 control 293T cell lysate - 20 µg, Lane 6 BSA-ANKRD26 conjugate 20 ng, Lane 7 BSA - 500 ng, Lane 8 BSA - 100 ng, Lane 9 BSA 20 ng and Lane 10 Protein standards. Detection of endogenous Ankrd26 protein in MES cell lysates may occur when detection methods with higher sensitivity are used. Proteins were separated by SDS-PAGE, transferred to nitrocellulose, and probed with the primary antibody diluted to 1:1,000 followed by detection using ALP conjugated Gt-a-Rabbit IgG (611-105-122 is suggested) diluted to 1:3,000. Size estimation was made by comparison to prestained MW markers as indicated. Personal Communication. Ira Pastan, NIH, CCR, Bethesda, MD.

Disclaimer

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