

## Product datasheet

# Anti-Uromucoid antibody ab9029

### 1 References

#### Overview

<b>Product name</b>	Anti-Uromucoid antibody
<b>Description</b>	Sheep polyclonal to Uromucoid
<b>Host species</b>	Sheep
<b>Tested applications</b>	<b>Suitable for:</b> Double Immunodiffusion, RID, Immunoelectrophoresis
<b>Species reactivity</b>	<b>Reacts with:</b> Human
<b>Immunogen</b>	Human Uromucoid purified from human urine. Greater than 95% purity by SDS-PAGE.

#### Properties

<b>Form</b>	Liquid
<b>Storage instructions</b>	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C or -80°C. Avoid freeze / thaw cycle.
<b>Storage buffer</b>	Glycine buffered saline pH7.4, 0.1% Sodium Azide, 0.1% EACA, 0.01% Benzamidine, 1mM EDTA
<b>Purity</b>	IgG fraction
<b>Purification notes</b>	Antiserum is prepared by immunisation of sheep with Human Uromucoid and, if necessary, adsorbed to monospecificity by use of solid-phase adsorbents. An immunoglobulin fraction is then produced. The titre is adjusted so that inter-batch variation is within 10%. The product is 0.2µm filtered.
<b>Clonality</b>	Polyclonal
<b>Isotype</b>	IgG
<b>Light chain type</b>	unknown

#### Applications

Our [Abpromise guarantee](#) covers the use of **ab9029** in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
Double Immunodiffusion		

Application	Abreviews	Notes
RID		
Immunoelectrophoresis		
Rocket Immunoelectrophoresis		
<b>Application notes</b>	<p>RID and Rocket IEP : 10µL antiserum/cm<sup>2</sup> in gel vs 5µL uromucoid 50mg/L, NT – 1/5</p> <p>Double Diffusion : 10µL antiserum vs 3µL uromucoid 50mg/L</p> <p>IEP : 100µL antiserum vs 5µL uromucoid 50mg/L</p> <p>Optimal dilutions should be determined by the individual laboratory</p> <p>The use of 3% PEG 6000 with 1.2% agarose in a suitable buffer (such as TBE or Tris-barbital pH &gt;8.2) is recommended.</p> <p>Suitability for use in enzyme-linked immunosorbent assays and Western blot has not been assessed but use in such assays should not necessarily be excluded.</p>	
<b>Target</b>		
<b>Function</b>	Not known. May play a role in regulating the circulating activity of cytokines as it binds to IL-1, IL-2 and TNF with high affinity.	
<b>Tissue specificity</b>	Synthesized by kidney. Most abundant protein in normal human urine.	
<b>Involvement in disease</b>	<p>Defects in UMOD are the cause of familial juvenile hyperuricemic nephropathy type 1 (HNFJ1) [MIM:162000]. HNFJ1 is a renal disease characterized by juvenile onset of hyperuricemia, polyuria, progressive renal failure, and gout. The disease is associated with interstitial pathological changes resulting in fibrosis.</p> <p>Defects in UMOD are the cause of medullary cystic kidney disease type 2 (MCKD2) [MIM:603860]. MCKD2 is a form of tubulointerstitial nephropathy characterized by formation of renal cysts at the corticomedullary junction. It is characterized by adult onset of impaired renal function and salt wasting resulting in end-stage renal failure by the sixth decade.</p> <p>Defects in UMOD are the cause of glomerulocystic kidney disease with hyperuricemia and isosthenuria (GCKDHI) [MIM:609886]. GCKDHI is a renal disorder characterized by a cystic dilation of Bowman space, a collapse of glomerular tuft, and hyperuricemia due to low fractional excretion of uric acid and severe impairment of urine concentrating ability.</p>	
<b>Sequence similarities</b>	<p>Contains 3 EGF-like domains.</p> <p>Contains 1 ZP domain.</p>	
<b>Cellular localization</b>	Cell membrane. Secreted. Secreted after cleavage in the urine.	

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