




Product datasheet

APC Anti-CCR5 antibody [T21/8], prediluted ab176536

Overview

Product name	APC Anti-CCR5 antibody [T21/8], prediluted
Description	APC Mouse monoclonal [T21/8] to CCR5, prediluted
Host species	Mouse
Conjugation	APC. Ex: 645nm, Em: 660nm
Tested applications	Suitable for: Flow Cyt
Species reactivity	Reacts with: Human Predicted to work with: Chimpanzee, Non human primates 
Immunogen	Synthetic peptide corresponding to Human CCR5 aa 1-22 (N terminal) conjugated to Keyhole Limpet Haemocyanin (KLH). Sequence: MDYQVSSPIYDINYYTSEPC QK Database link: P51681  Run BLAST with  Run BLAST with
Positive control	Human blood cells.
General notes	<p>The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing.</p> <p>If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As</p>

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C. Do Not Freeze. Store In the Dark.
Storage buffer	pH: 7.4 Preservative: 0.098% Sodium azide Constituents: 99% PBS, 0.2% BSA
Purity	Size exclusion

Clonality	Monoclonal
Clone number	T21/8
Isotype	IgG1

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab176536 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
Flow Cyt		Use at an assay dependent concentration.

Target

Function	Receptor for a number of inflammatory CC-chemokines including MIP-1-alpha, MIP-1-beta and RANTES and subsequently transduces a signal by increasing the intracellular calcium ion level. May play a role in the control of granulocytic lineage proliferation or differentiation. Acts as a coreceptor (CD4 being the primary receptor) for HIV-1 R5 isolates.
Tissue specificity	Highly expressed in spleen, thymus, in the myeloid cell line THP-1, in the promyeloblastic cell line KG-1A and on CD4+ and CD8+ T-cells. Medium levels in peripheral blood leukocytes and in small intestine. Low levels in ovary and lung.
Involvement in disease	Genetic variation in CCR5 is associated with susceptibility to diabetes mellitus insulin-dependent type 2 (IDDM2) [MIM:612522]. A multifactorial disorder of glucose homeostasis that is characterized by susceptibility to ketoacidosis in the absence of insulin therapy. Clinical features are polydipsia, polyphagia and polyuria which result from hyperglycemia-induced osmotic diuresis and secondary thirst. These derangements result in long-term complications that affect the eyes, kidneys, nerves, and blood vessels.
Sequence similarities	Belongs to the G-protein coupled receptor 1 family.
Post-translational modifications	Sulfated on at least 2 of the N-terminal tyrosines. Sulfation contributes to the efficiency of HIV-1 entry and is required for efficient binding of the chemokines, CCL3 and CCL4. O-glycosylated, but not N-glycosylated. Ser-6 appears to be the major site. Also sialylated glycans present which contribute to chemokine binding. Thr-16 and Ser-17 may also be glycosylated and, if so, with small moieties such as a T-antigen. Palmitoylation in the C-terminal is important for cell surface expression, and to a lesser extent, for HIV entry. Phosphorylation on serine residues in the C-terminal is stimulated by binding CC chemokines especially by APO-RANTES.
Cellular localization	Cell membrane.

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