


HRP Anti-COX IV antibody [20E8C12] αb197920

2 Images

Overview

Product name	HRP Anti-COX IV antibody [20E8C12]
Description	HRP Mouse monoclonal [20E8C12] to COX IV
Host species	Mouse
Conjugation	HRP
Tested applications	Suitable for: WB, IHC-P
Species reactivity	Reacts with: Human Predicted to work with: Mouse, Rat, Cow, Drosophila melanogaster, Zebrafish 
Immunogen	Tissue, cells or virus corresponding to Cow COX IV. Purified mitochondrial Complex IV (Cow).
Positive control	WB: Human heart mitochondria lysate. IHC-P: Normal human colon tissue.
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 short term (1-2 weeks). Upon delivery aliquot. Store at -20°C. Avoid freeze / thaw cycle. Store In the Dark.
Storage buffer	pH: 7.40 Preservative: 0.1% Proclin 300 Solution Constituents: 30% Glycerol (glycerin, glycerine), 1% BSA, PBS
Purity	Affinity purified
Clonality	Monoclonal
Clone number	20E8C12
Isotype	IgG2a
Light chain type	kappa

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab197920 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
WB		1/5000. Detects a band of approximately 16 kDa (predicted molecular weight: 20 kDa).
IHC-P		1/100. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.

Target

Function

This protein is one of the nuclear-coded polypeptide chains of cytochrome c oxidase, the terminal oxidase in mitochondrial electron transport.

Tissue specificity

Ubiquitous.

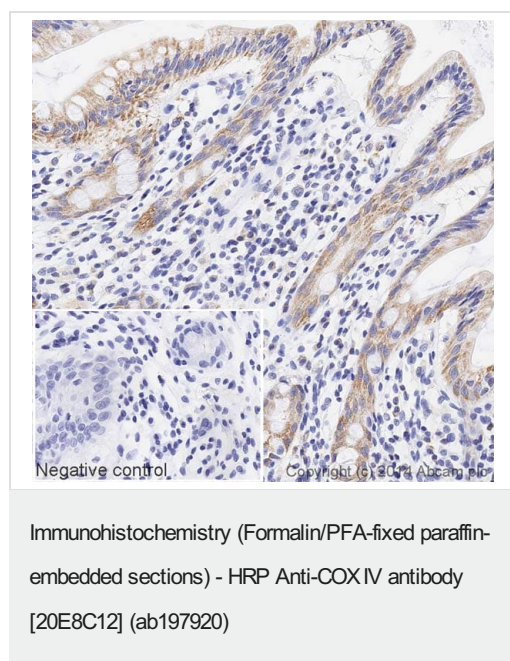
Sequence similarities

Belongs to the cytochrome c oxidase IV family.

Cellular localization

Mitochondrion inner membrane.

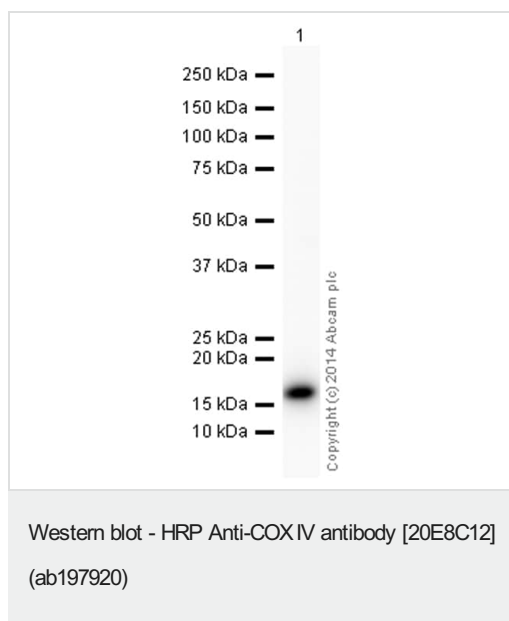
Images



IHC image of COX IV staining in a section of formalin-fixed paraffin-embedded normal human colon*, performed on a Leica BOND. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20mins. The section was then incubated with ab197920, 1/100 dilution, for 15 mins at room temperature. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX. The inset negative control image is taken from an identical assay without primary antibody.

For other IHC staining systems (automated and non-automated) customers should optimize variable parameters such as antigen retrieval conditions, primary antibody concentration and antibody incubation times.

*Tissue obtained from the Human Research Tissue Bank, supported by the NIHR Cambridge Biomedical Research Centre



HRP Anti-COX IV antibody [20E8C12] (ab197920) at 1/5000 dilution + Human heart tissue lysate - mitochondrial extract (**ab110337**) at 5 µg

Developed using the ECL technique.

Performed under reducing conditions.

Predicted band size: 20 kDa

Observed band size: 16 kDa

Exposure time: 10 seconds

This blot was produced using a 4-12% Bis-tris gel under the MES buffer system. The gel was run at 200V for 35 minutes before being transferred onto a Nitrocellulose membrane at 30V for 70 minutes. The membrane was then blocked for an hour using 2% Bovine Serum Albumin before being incubated with ab197920 overnight at 4°C. Antibody binding was visualised using ECL development solution **ab133406**.

Please note: All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

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