


Product datasheet

Anti-Plexin D1 antibody ab28762

★★★★★ [2 Abreviews](#) [11 References](#) [3 Images](#)

Overview

Product name	Anti-Plexin D1 antibody
Description	Goat polyclonal to Plexin D1
Host species	Goat
Tested applications	Suitable for: Flow Cyt (Intra), WB, IHC-P, ICC/IF, IP
Species reactivity	Reacts with: Mouse, Human Predicted to work with: Cow, Dog, Pig 
Immunogen	Synthetic peptide corresponding to Human Plexin D1 aa 1683-1694. Sequence: LAEPKKSHRQSH Database link: Q9Y4D7 Run BLAST with Run BLAST with
Positive control	Flow Cyt (Intra): K562 cells. ICC/IF: HeLa and U251 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. Upon delivery aliquot and store at -20°C or -80°C. Avoid repeated freeze / thaw cycles.
Storage buffer	pH: 7.30 Preservative: 0.02% Sodium azide Constituents: 0.5% Tris, 0.5% BSA
Purity	Immunogen affinity purified
Purification notes	This antibody was purified from goat serum by ammonium sulphate precipitation followed by

antigen affinity chromatography using the immunizing peptide.

Clonality Polyclonal
Isotype IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab28762 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 (Intra)		Use a concentration of 10 µg/ml.
WB	★★★★☆ (1)	Use at an assay dependent concentration. Predicted molecular weight: 212 kDa.
IHC-P	★★★★☆ (1)	Use at an assay dependent concentration.
ICC/IF		Use a concentration of 10 µg/ml.
IP		Use at an assay dependent concentration. PubMed: 20385769

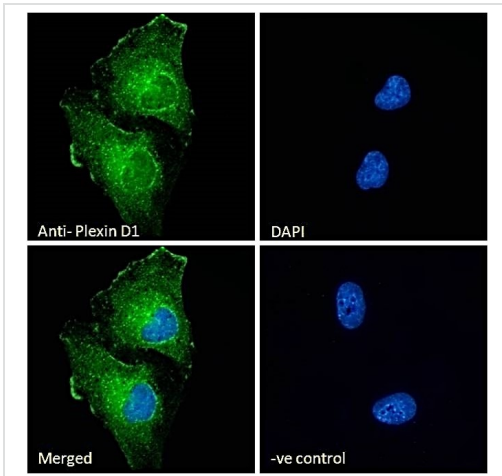
Target

Tissue specificity Detected at low levels in heart, placenta, lung, skeletal muscle, kidney, thymus and liver. Detected at very low levels in brain, colon, spleen, small intestine and peripheral blood leukocytes.

Sequence similarities Belongs to the plexin family.
Contains 3 IPT/TIG domains.
Contains 1 Sema domain.

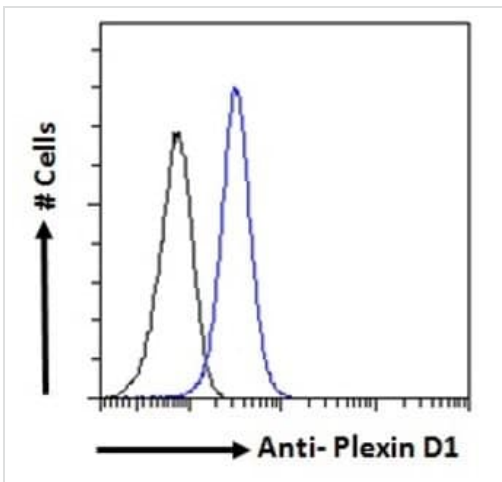
Cellular localization Cell membrane.

Images



Immunocytochemistry/ Immunofluorescence - Anti-Plexin D1 antibody (ab28762)

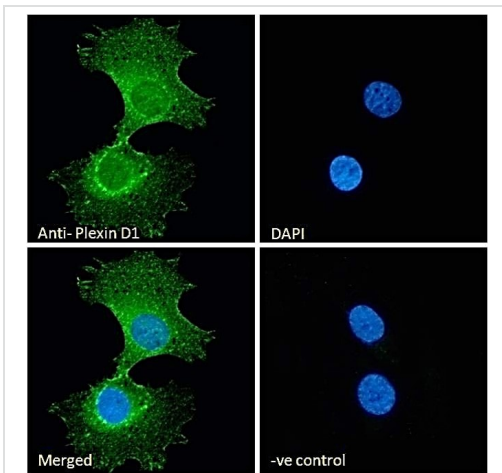
Immunocytochemistry/Immunofluorescence analysis of paraformaldehyde fixed U251 cells, permeabilized with 0.15% Triton. Primary incubation 1hr (10µg/mL) followed by Alexa Fluor 488 secondary antibody (2µg/mL), showing membrane and cytoplasmic staining. The nuclear stain is DAPI (blue). Negative control: Unimmunized goat IgG (10µg/mL) followed by Alexa Fluor 488 secondary antibody (2µg/mL).



Flow Cytometry (Intracellular) - Anti-Plexin D1 antibody (ab28762)

Flow cytometric analysis of paraformaldehyde fixed K562 cells (blue line), permeabilized with 0.5% Triton. Incubated with ab28762 for 1 hour (10 µg/ml) followed by Alexa Fluor[®] 488 secondary antibody (2 µg/ml).

IgG control: Unimmunized goat IgG (black line) followed by Alexa Fluor[®] 488 secondary antibody.



Immunocytochemistry/ Immunofluorescence - Anti-Plexin D1 antibody (ab28762)

Immunocytochemistry/Immunofluorescence analysis of paraformaldehyde fixed HeLa cells, permeabilized with 0.15% Triton. Primary incubation 1hr (10µg/mL) followed by Alexa Fluor 488 secondary antibody (2µg/mL), showing membrane and cytoplasmic staining. The nuclear stain is DAPI (blue). Negative control: Unimmunized goat IgG (10µg/mL) followed by Alexa Fluor 488 secondary antibody (2µg/mL).

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

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