

Product datasheet

Anti-IRF5 antibody - ChIP Grade ab2932

★★★★★ 4 Abreviews 12 References 4 Images

Overview

Product name	Anti-IRF5 antibody - ChIP Grade
Description	Goat polyclonal to IRF5 - ChIP Grade
Host species	Goat
Specificity	This antibody is expected to recognize all four reported isoforms (NP_002191.1; NP_116032.1; NP_001092097.1; NP_001092099.1).
Tested applications	Suitable for: IHC-P, ChIP, WB, IP
Species reactivity	Reacts with: Dog, Human Predicted to work with: Mouse, Rat, Cow
Immunogen	Synthetic peptide: QGPWPMHPAGMQ, corresponding to C terminal amino acids 493-504 of Human IRF5. Run BLAST with ExPASy Run BLAST with NCBI
Positive control	<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> Purchase matching WB positive control: Recombinant Human IRF5 protein > </div> A549 lysate Human cervix. HEK293
General notes	Principal Names – IRF5; interferon regulatory factor 5 Official Gene Symbol - IRF5 GenBank Accession Number – NP_002191; NP_116032 LocusLink ID - 3663 (human) Gene Ontology terms - RNA polymerase III transcription factor; cell growth and/or maintenance

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 long term. Avoid freeze / thaw cycle.
Storage buffer	pH: 7.30 Preservative: 0.02% Sodium azide Constituents: 0.5% BSA, Tris buffered saline
Purity	Immunogen affinity purified
Purification notes	Purified from goat serum by ammonium sulphate precipitation followed by antigen affinity chromatography using the immunizing peptide.
Clonality	Polyclonal

Isotype

IgG

Applications

Our [Abpromise guarantee](#) covers the use of **ab2932** 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
IHC-P		Use a concentration of 5 µg/ml. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.
ChIP		Use at an assay dependent dilution. PubMed: 19028697
WB	★★★★★	Use a concentration of 0.1 - 0.3 µg/ml. Detects a band of approximately 58 kDa (predicted molecular weight: 58 kDa). Can be blocked with Human IRF5 peptide (ab22939) .
IP		Use at an assay dependent dilution. PubMed: 19028697

Target

Involvement in disease

Genetic variations in IRF5 are associated with susceptibility to inflammatory bowel disease type 14 (IBD14) [MIM:612245]. IBD14 is a chronic, relapsing inflammation of the gastrointestinal tract with a complex etiology. It is subdivided into Crohn disease and ulcerative colitis phenotypes. Crohn disease may affect any part of the gastrointestinal tract from the mouth to the anus, but most frequently it involves the terminal ileum and colon. Bowel inflammation is transmural and discontinuous; it may contain granulomas or be associated with intestinal or perianal fistulas. In contrast, in ulcerative colitis, the inflammation is continuous and limited to rectal and colonic mucosal layers; fistulas and granulomas are not observed. Both diseases include extraintestinal inflammation of the skin, eyes, or joints.

Genetic variations in IRF5 are associated with susceptibility to systemic lupus erythematosus type 10 (SLEB10) [MIM:612251]. Systemic lupus erythematosus (SLE) is a chronic, inflammatory and often febrile multisystemic disorder of connective tissue. It affects principally the skin, joints, kidneys and serosal membranes. It is thought to represent a failure of the regulatory mechanisms of the autoimmune system.

Genetic variations in IRF5 are a cause of susceptibility to rheumatoid arthritis (RA) [MIM:180300]. It is a systemic inflammatory disease with autoimmune features and a complex genetic component. It primarily affects the joints and is characterized by inflammatory changes in the synovial membranes and articular structures, widespread fibrinoid degeneration of the collagen fibers in mesenchymal tissues, and by atrophy and rarefaction of bony structures.

Sequence similarities

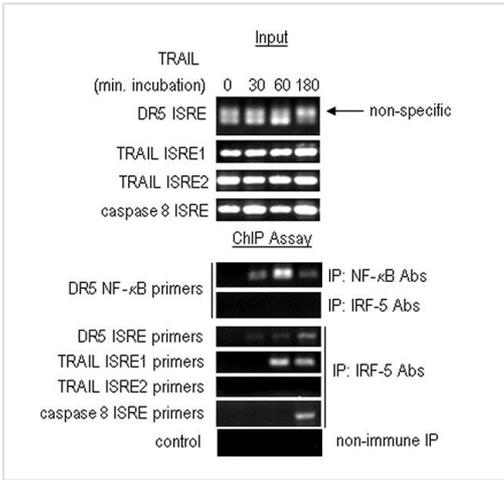
Belongs to the IRF family.

Contains 1 IRF tryptophan pentad repeat DNA-binding domain.

Cellular localization

Nucleus.

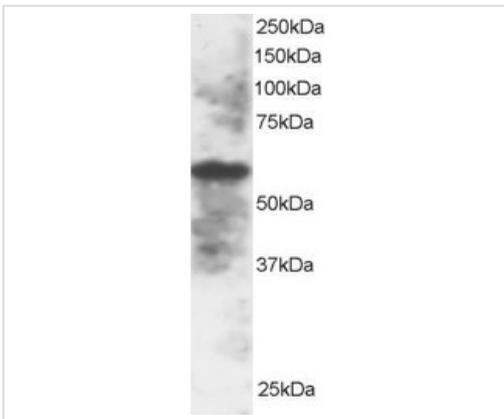
Images



ChIP - Anti-IRF5 antibody - ChIP Grade (ab2932)

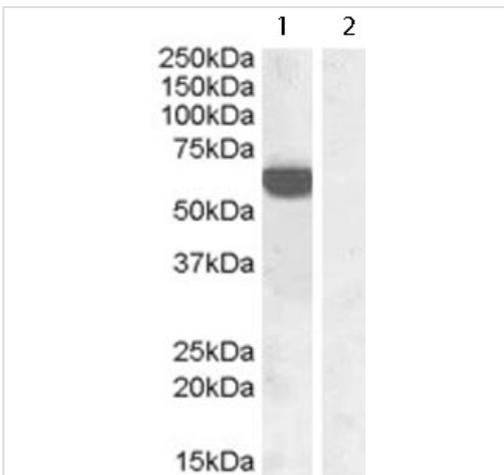
Image from Hu G., Barnes BJ.; J Biol Chem. 2009;284(5):2767-77. Fig 5.; doi: 10.1074/jbc.M804744200

p53± cells were treated over a time course. The cells were subjected to IP and ChIP analysis using the indicated antibodies and primers. Input is shown in the top four panels; PCR results are shown in the bottom panels. A single panel is shown as representative of amplification from all primer sets after IP with IgG control antibodies for IRF-5.



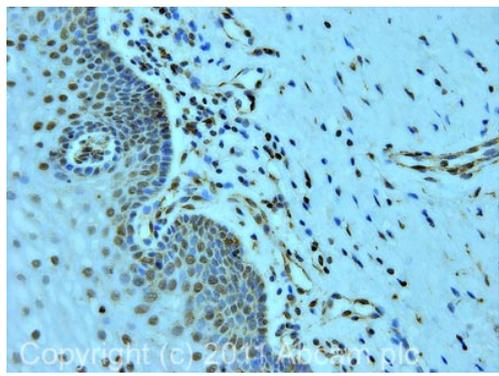
Western blot - Anti-IRF5 antibody - ChIP Grade (ab2932)

ab2932 staining (2µg/ml) of A549 lysate (RIPA buffer, 30µg total protein per lane). Primary incubated for 1 hour. Detected by western blot using chemiluminescence. ab2932 staining (2µg/ml) of A549 lysate (RIPA buffer, 30µg total protein per lane). Primary incubated for 1 hour. Detected by western blot using chemiluminescence.



Western blot - Anti-IRF5 antibody - ChIP Grade (ab2932)

HEK293 (ab7902) overexpressing human IRF5 and probed with ab2932 at 1µg/ml (mock transfection in lane 2).



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-IRF5 antibody - ChIP Grade (ab2932)

IHC image of ab2932 staining in human normal cervix (ab29226) formalin fixed paraffin embedded tissue section, performed on a Leica Bond™ system using the standard protocol B. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20 mins. The section was then incubated with ab2932, 5µg/ml, for 15 mins at room temperature and detected using an HRP conjugated compact polymer system. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX.

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.

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