abcam

Product datasheet

Anti-Uromucoid antibody ab9029

1 References

Overview

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

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C or -80°C. Avoid freeze / thaw cycle.
Storage buffer	pH: 7.40 Preservative: 0.1% Sodium azide Constituents: 0.1% EACA, 0.01% Benzamidine, 0.0292% EDTA
Purity	IgG fraction
Purification notes	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.
Clonality	Polyclonal
Isotype	IgG
Light chain type	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		
RID		
Immunoelectrophoresis		
Rocket Immunoelectrophoresis		

Application notes

RID and Rocket IEP : 10µL antiserum/cm² in gel vs 5µL uromucoid 50mg/L, NT – 1/5
Double Diffusion : 10µL antiserum vs 3µL uromucoid 50mg/L
IEP : 100µL antiserum vs 5µL uromucoid 50mg/L

Optimal dilutions should be determined by the individual laboratory
The use of 3% PEG 6000 with 1.2%agarose in a suitable buffer (such as TBE or Tris-barbital pH >8.2) is recommended.
Suitability for use in enzyme-linked immunosorbentassays and Western blot has not been assessed but use in such assays should not necessarily beexcluded.

Target

Function

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.

Tissue specificity

Synthesized by kidney. Most abundant protein in normal human urine.

Involvement in disease

Defects in UMOD are the cause of familial juvenile hyperuricemic nephropathy type 1 (HNFJ1) [MIM:162000]. HNFJ1 is a renal disease characterized by juvenil onset of hyperuricemia, polyuria, progressive renal failure, and gout. The disease is associated with interstitial pathological changes resulting in fibrosis.
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.
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.

Sequence similarities

Contains 3 EGF-like domains.
Contains 1 ZP domain.

Cellular localization

Cell membrane. Secreted. Secreted after cleavage in the urine.

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