Anti-CCR5 antibody ab65850

Overview

Product name
Anti-CCR5 antibody

Description
Rabbit polyclonal to CCR5

Host species
Rabbit

Specificity
No cross reactivity with other proteins.

Tested applications
Suitable for: WB

Species reactivity
Reacts with: Mouse, Human
Predicted to work with: Rat

Immunogen
Synthetic peptide corresponding to Human CCR5 aa 19-34 (N terminal).
Sequence: PCQKINVKQIAARLLP

(Peptide available as ab192862)

Positive control
WB: Mouse liver tissue lysate, and Jurkat, and COLO320 cell lysates.

Properties

Form
Liquid

Storage instructions
Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.

Storage buffer
Preservatives: 0.025% Thimerosal (merthiolate), 0.025% Sodium azide
Constituents: 2.5% BSA, 0.45% Sodium chloride, 0.1% Dibasic monohydrogen sodium phosphate

Purity
Immunogen affinity purified

Clonality
Polyclonal

Isotype
IgG

Applications

Our Abpromise guarantee covers the use of ab65850 in the following tested applications.
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.
**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 22 (IDDM22) [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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<td>WB</td>
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<td>Use a concentration of 0.1 - 0.5 µg/ml. Detects a band of approximately 41 kDa (predicted molecular weight: 41 kDa).</td>
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**All lanes**: Anti-CCR5 antibody (ab65850) at 0.5 µg/ml

**Lane 1**: Jurkat (human T cell leukemia cell line from peripheral blood) whole cell lysate.

**Lane 2**: COLO 205 (Human colon adenocarcinoma cell line) cell lysate.

**Predicted band size**: 41 kDa

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Anti-CCR5 antibody (ab65850) at 0.5 µg + Mouse Liver Tissue Lysate at 50 µg

**Predicted band size**: 41 kDa

**Observed band size**: 40 kDa

why is the actual band size different from the predicted?

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**Please note**: All products are “FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES”

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