Product datasheet

Anti-Chlamydia trachomatis MOMP antibody [BIOD166] ab20881

Overview

Product name  Anti-Chlamydia trachomatis MOMP antibody [BIOD166]
Description  Mouse monoclonal [BIOD166] to Chlamydia trachomatis MOMP
Host species  Mouse
Specificity  Ab20881 is specific for major outer membrane protein (MOMP) of Chlamydia trachomatis. No reactivity with C. pneumoniae.
Tested applications  Suitable for: ICC/IF, WB, ELISA
Species reactivity  Reacts with: Chlamydia trachomatis
Does not react with: Chlamydia pneumoniae
Immunogen  Chlamydia trachomatis elementary bodies.

Properties

Form  Liquid
Storage instructions  Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
Storage buffer  pH: 7.20
Preservative: 0.1% Sodium azide
Constituent: 0.0268% PBS
Purity  Ascites
Purification notes  Purified from ascites.
Clonality  Monoclonal
Clone number  BIOD166
Isotype  IgG2a

Applications

Our Abpromise guarantee covers the use of ab20881 in the following tested applications.
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.
Chlamydia is caused by the bacterium Chlamydia trachomatis. The intracytoplasmic inclusions caused by the bacterium are draped around the infected cell's nucleus. Chlamydia trachomatis is an intracellular organism that has a genome size of approximately 500-1000 kilobases and contains both RNA and DNA. The organism is also extremely temperature sensitive and must be refrigerated at 4°C as soon as a sample is obtained. Colonization of Chlamydia begins with attachment to sialic acid receptors on the eye, throat or genitalia. It persists at body sites that are inaccessible to phagocytes, T cells, and B cells. It also exists as 15 different serotypes. These serotypes cause four major diseases in humans: endemic trachoma (caused by serotypes A and C), sexually transmitted disease and inclusion conjunctivitis (caused by serotypes D and K), and lymphogranuloma venereum (caused by serotypes L1, L2, and L3). Studies reveal that Chlamydia, because of its cell wall, is able to inhibit phagolysosome fusion in phagocytes. The cell wall is proposed to be Gram negative in that it contains an outer lipopolysaccharide membrane, but it lacks peptidoglycan in its cell wall. This lack of peptidoglycan is shown by the inability to detect muramic acid and antibodies directed against it. It may, however, contain a carboxylated sugar other than muramic acid. The proposed structure consists of a major outer membrane protein cross linked with disulfide bonds. It also contains cysteine rich proteins (CRP) that may be the functional equivalent to peptidoglycan. This unique structure allows for intracellular division and extracellular survival (Hatch 1996). Chlamydia usually infects the cervix and fallopian tubes of women and the urethra of men. Chlamydial infections are believed to be one of the most common of all STDs. It is generally thought that in a population of 15 million, there are up to 300,000 cases of chlamydia each year. Thus, there are many undiagnosed cases of chlamydia in the community. It has been estimated that the true prevalence of chlamydia in the sexually active population may be in the order of 5% to 10%. Chlamydia is one of the leading causes of blindness in underdeveloped countries.

**Cellular localization**

Outer membrane; multi pass membrane protein.

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**Please note:** All products are “FOR RESEARCH USE ONLY AND ARE NOT INTENDED FOR DIAGNOSTIC OR THERAPEUTIC USE”

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