Product datasheet

Anti-Osteoprotegerin antibody [EPR3592] ab124820

Overview

Product name  Anti-Osteoprotegerin antibody [EPR3592]
Description  Rabbit monoclonal [EPR3592] to Osteoprotegerin
Host species  Rabbit
Tested applications  Suitable for: IHC-P, ICC/IF
Unsuitable for: Flow Cyt, IP or WB
Species reactivity  Reacts with: Human
Immunogen  Synthetic peptide within Human Osteoprotegerin aa 50-150. The exact sequence is proprietary.
Positive control  Fetal kidney lysate. Human kidney tissue. Human heart tissue. HeLa cells.
General notes  Mouse, Rat: We have preliminary internal testing data to indicate this antibody may not react with these species. Please contact us for more information.

Our RabMab® technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to RabMab® patents.

This product is a recombinant rabbit monoclonal antibody.

Properties

Form  Liquid
Storage instructions  Shipped at 4°C. Store at -20°C. Stable for 12 months at -20°C.
Storage buffer  pH: 7.40
Preservative: 0.01% Sodium azide
Constituents: 9% PBS, 40% Glycerol, 0.05% BSA, 50% Tissue culture supernatant
Purity  Tissue culture supernatant
Clonality  Monoclonal
Clone number  EPR3592
Isotype  IgG
Application notes

Is unsuitable for Flow Cyt, IP or WB.

Target

Function

Acts as decoy receptor for RANKL and thereby neutralizes its function in osteoclastogenesis. Inhibits the activation of osteoclasts and promotes osteoclast apoptosis in vitro. Bone homeostasis seems to depend on the local RANKL/OPG ratio. May also play a role in preventing arterial calcification. May act as decoy receptor for TRAIL and protect against apoptosis. TRAIL binding blocks the inhibition of osteoclastogenesis.

Tissue specificity

Highly expressed in adult lung, heart, kidney, liver, spleen, thymus, prostate, ovary, small intestine, thyroid, lymph node, trachea, adrenal gland, testis, and bone marrow. Detected at very low levels in brain, placenta and skeletal muscle. Highly expressed in fetal kidney, liver and lung.

Involvement in disease

Defects in TNFRSF11B are the cause of juvenile Paget disease (JPD) [MIM:239000]; also known as hyperostosis corticalis deformans juvenilis or hereditary hyperphosphatasia or chronic congenital idiopathic hyperphosphatasia. JPD is a rare autosomal recessive osteopathy that presents in infancy or early childhood. The disorder is characterized by rapidly remodeling woven bone, osteopenia, debilitating fractures, and deformities due to a markedly accelerated rate of bone remodeling throughout the skeleton. Approximately 40 cases of JPD have been reported worldwide. Unless it is treated with drugs that block osteoclast-mediated skeletal resorption, the disease can be fatal.

Sequence similarities

Contains 2 death domains.
Contains 4 TNFR-Cys repeats.

Post-translational modifications

N-glycosylated. Contains sialic acid residues.

Cellular localization

Secreted.
Ab124820 at 1/100 dilution, staining TNFRSF11B in Formalin fixed Paraffin-embedded Human kidney tissue by Immunohistochemistry. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Ab124820 at 1/100 dilution, staining TNFRSF11B in Formalin fixed Paraffin-embedded Human heart tissue by Immunohistochemistry. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Ab124820, at 1/100 dilution, staining TNFRSF11B in HeLa cells.

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