

## Product datasheet

# Alexa Fluor® 647 Anti-Apolipoprotein E antibody [EP1374Y] αb196194

Recombinant RabMAb

3 Images

### Overview

<b>Product name</b>	Alexa Fluor® 647 Anti-Apolipoprotein E antibody [EP1374Y]
<b>Description</b>	Alexa Fluor® 647 Rabbit monoclonal [EP1374Y] to Apolipoprotein E
<b>Host species</b>	Rabbit
<b>Conjugation</b>	Alexa Fluor® 647. Ex: 652nm, Em: 668nm
<b>Tested applications</b>	<b>Suitable for:</b> ICC/IF, Flow Cyt (Intra)
<b>Species reactivity</b>	<b>Reacts with:</b> Human
<b>Immunogen</b>	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
<b>Positive control</b>	ICC/IF: HepG2 cells. Flow Cyt (intra): HepG2 cells.
<b>General notes</b>	<p>Our RabMAb® technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to <a href="#">RabMAb® patents</a>.</p> <p>Alexa Fluor® is a registered trademark of Molecular Probes, Inc, a Thermo Fisher Scientific Company. The Alexa Fluor® dye included in this product is provided under an intellectual property license from Life Technologies Corporation. As this product contains the Alexa Fluor® dye, the purchase of this product conveys to the buyer the non-transferable right to use the purchased product and components of the product only in research conducted by the buyer (whether the buyer is an academic or for-profit entity). As this product contains the Alexa Fluor® dye the sale of this product is expressly conditioned on the buyer not using the product or its components, or any materials made using the product or its components, in any activity to generate revenue, which may include, but is not limited to use of the product or its components: in manufacturing; (ii) to provide a service, information, or data in return for payment (iii) for therapeutic, diagnostic or prophylactic purposes; or (iv) for resale, regardless of whether they are sold for use in research. For information on purchasing a license to this product for purposes other than research, contact Life Technologies Corporation, 5781 Van Allen Way, Carlsbad, CA 92008 USA or <a href="mailto:outlicensing@thermofisher.com">outlicensing@thermofisher.com</a>.</p>

### Properties

<b>Form</b>	Liquid
<b>Storage instructions</b>	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C.

	Avoid freeze / thaw cycle. Store In the Dark.
<b>Storage buffer</b>	pH: 7.40 Preservative: 0.02% Sodium azide Constituents: PBS, 30% Glycerol (glycerin, glycerine), 1% BSA
<b>Purity</b>	Protein A purified
<b>Clonality</b>	Monoclonal
<b>Clone number</b>	EP1374Y
<b>Isotype</b>	IgG

## Applications

**The Abpromise guarantee** Our **Abpromise guarantee** covers the use of ab196194 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
ICC/IF		1/100.
Flow Cyt (Intra)		1/50. <b>ab199093</b> - Rabbit monoclonal IgG (Alexa Fluor® 647), is suitable for use as an isotype control with this antibody.

## Target

<b>Function</b>	Mediates the binding, internalization, and catabolism of lipoprotein particles. It can serve as a ligand for the LDL (apo B/E) receptor and for the specific apo-E receptor (chylomicron remnant) of hepatic tissues.
<b>Tissue specificity</b>	Occurs in all lipoprotein fractions in plasma. It constitutes 10-20% of very low density lipoproteins (VLDL) and 1-2% of high density lipoproteins (HDL). APOE is produced in most organs. Significant quantities are produced in liver, brain, spleen, lung, adrenal, ovary, kidney and muscle.
<b>Involvement in disease</b>	<p>Defects in APOE are a cause of hyperlipoproteinemia type 3 (HLPP3) [MIM:107741]; also known as familial dysbetalipoproteinemia. Individuals with HLPP3 are clinically characterized by xanthomas, yellowish lipid deposits in the palmar crease, or less specific on tendons and on elbows. The disorder rarely manifests before the third decade in men. In women, it is usually expressed only after the menopause. The vast majority of the patients are homozygous for APOE*2 alleles. More severe cases of HLPP3 have also been observed in individuals heterozygous for rare APOE variants. The influence of APOE on lipid levels is often suggested to have major implications for the risk of coronary artery disease (CAD). Individuals carrying the common APOE*4 variant are at higher risk of CAD.</p> <p>Genetic variations in APOE are associated with Alzheimer disease type 2 (AD2) [MIM:104310]. It is a late-onset neurodegenerative disorder characterized by progressive dementia, loss of cognitive abilities, and deposition of fibrillar amyloid proteins as intraneuronal neurofibrillary tangles, extracellular amyloid plaques and vascular amyloid deposits. The major constituent of these plaques is the neurotoxic amyloid-beta-APP 40-42 peptide (s), derived proteolytically from the transmembrane precursor protein APP by sequential secretase processing. The cytotoxic C-terminal fragments (CTFs) and the caspase-cleaved products such as C31 derived from APP, are also implicated in neuronal death. Note=The APOE*4 allele is genetically associated with the</p>

common late onset familial and sporadic forms of Alzheimer disease. Risk for AD increased from 20% to 90% and mean age at onset decreased from 84 to 68 years with increasing number of APOE\*4 alleles in 42 families with late onset AD. Thus APOE\*4 gene dose is a major risk factor for late onset AD and, in these families, homozygosity for APOE\*4 was virtually sufficient to cause AD by age 80. The mechanism by which APOE\*4 participates in pathogenesis is not known. Defects in APOE are a cause of sea-blue histiocyte disease (SBHD) [MIM:269600]; also known as sea-blue histiocytosis. This disorder is characterized by splenomegaly, mild thrombocytopenia and, in the bone marrow, numerous histiocytes containing cytoplasmic granules which stain bright blue with the usual hematologic stains. The syndrome is the consequence of an inherited metabolic defect analogous to Gaucher disease and other sphingolipidoses. Defects in APOE are a cause of lipoprotein glomerulopathy (LPG) [MIM:611771]. LPG is an uncommon kidney disease characterized by proteinuria, progressive kidney failure, and distinctive lipoprotein thrombi in glomerular capillaries. It mainly affects people of Japanese and Chinese origin. The disorder has rarely been described in Caucasians.

### Sequence similarities

Belongs to the apolipoprotein A1/A4/E family.

### Post-translational modifications

Synthesized with the sialic acid attached by O-glycosidic linkage and is subsequently desialylated in plasma. O-glycosylated with core 1 or possibly core 8 glycans. Thr-307 is a minor glycosylation site compared to Ser-308.

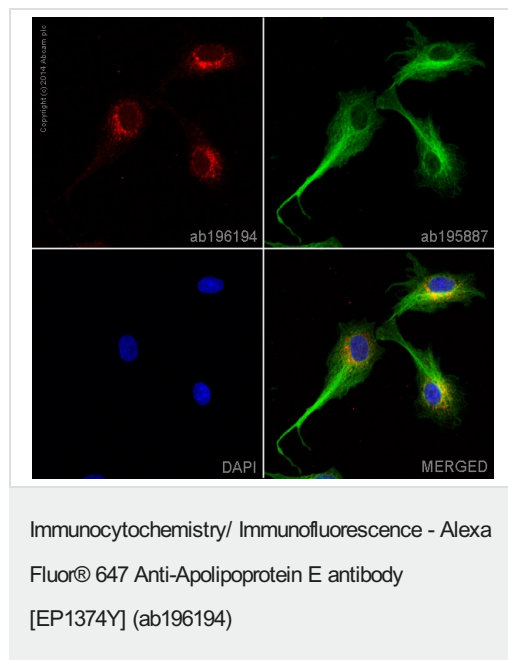
Glycated in plasma VLDL of normal subjects, and of hyperglycemic diabetic patients at a higher level (2-3 fold).

Phosphorylation sites are present in the extracellular medium.

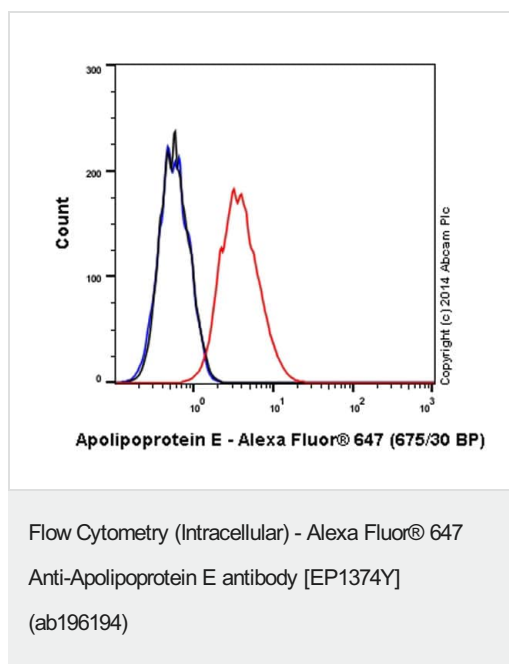
### Cellular localization

Secreted.

## Images



ab196194 staining Apolipoprotein E in HepG2 cells. The cells were fixed with 4% formaldehyde (10 min), permeabilized in 0.1% Triton X-100 for 5 minutes and then blocked in 1% BSA/10% normal goat serum/0.3M glycine in 0.1% PBS-Tween for 1h. The cells were then incubated with ab196194 at 1/100 dilution (shown in red) and **ab195887**, Mouse monoclonal [DM1A] to alpha Tubulin (Alexa Fluor® 488, shown in green) at 1/167 dilution, overnight at +4°C. Nuclear DNA was labelled in blue with DAPI. Image was taken with a confocal microscope (Leica-Microsystems, TCS SP8).



Overlay histogram showing HepG2 cells stained with ab196194 (red line). The cells were fixed with 4% formaldehyde (10 min) and then permeabilized with 0.1% PBS-Tween for 20 min. The cells were then incubated in 1x PBS / 10% normal goat serum / 0.3M glycine to block non-specific protein-protein interactions followed by the antibody (ab196194, 1/50 dilution) for 30 min at 22°C. Isotype control antibody (black line) was rabbit IgG (monoclonal) Alexa Fluor® 647 used at the same concentration and conditions as the primary antibody. Unlabelled sample (blue line) was also used as a control.

Acquisition of >5,000 events were collected using a solid-state 25mW red diode laser (635 nm) and 675/30 bandpass filter.

This antibody gave a positive signal in HepG2 fixed with 80% methanol (5 min)/permeabilized with 0.1% PBS-Tween for 20 min used under the same conditions.

Why choose a recombinant antibody?

 <p><b>Research with confidence</b> Consistent and reproducible results</p>	 <p><b>Long-term and scalable supply</b> Recombinant technology</p>
 <p><b>Success from the first experiment</b> Confirmed specificity</p>	 <p><b>Ethical standards compliant</b> Animal-free production</p>

Alexa Fluor® 647 Anti-Apolipoprotein E antibody  
[EP1374Y] (ab196194)

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

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