

Alexa Fluor® 647 Anti-Apolipoprotein E antibody [EPR19392] αb300743

Recombinant RabMAb

2 Images

Overview

Product name	Alexa Fluor® 647 Anti-Apolipoprotein E antibody [EPR19392]
Description	Alexa Fluor® 647 Rabbit monoclonal [EPR19392] to Apolipoprotein E
Host species	Rabbit
Conjugation	Alexa Fluor® 647. Ex: 652nm, Em: 668nm
Tested applications	Suitable for: Flow Cyt (Intra) Unsuitable for: ICC/IF
Species reactivity	Reacts with: Human
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
Positive control	Flow Cyt (Intra): HepG2 (human hepatocellular carcinoma epithelial cells).
General notes	<p>This product is a recombinant monoclonal antibody, which offers several advantages including:</p> <ul style="list-style-type: none"> - High batch-to-batch consistency and reproducibility - Improved sensitivity and specificity - Long-term security of supply - Animal-free production <p>For more information see here.</p> <p>Our RabMAb® technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to RabMAb® patents.</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</p>

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C long term. Avoid freeze / thaw cycle. Store In the Dark.
Storage buffer	pH: 7.4 Preservative: 0.02% Sodium azide Constituents: 30% Glycerol (glycerin, glycerine), 1% BSA, 68% PBS
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EPR19392
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab300743 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
Flow Cyt (Intra)		1/50.

Application notes Is unsuitable for ICC/IF.

Target

Function	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.
Tissue specificity	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.
Involvement in disease	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. 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 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.

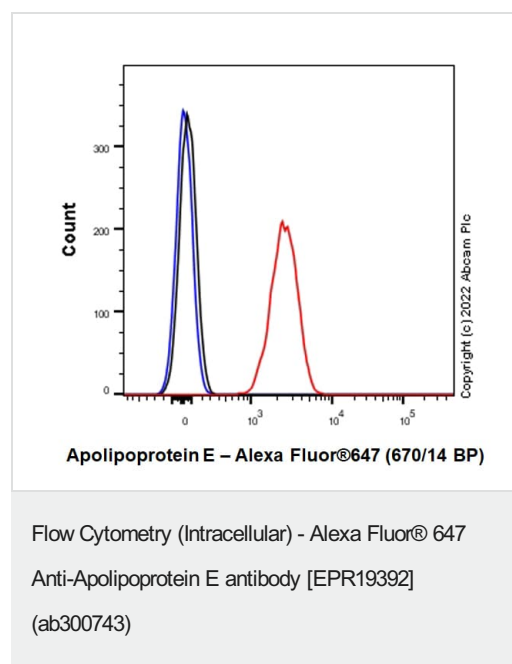
Glycated in plasma VLDL of normal subjects, and of hyperglycemic diabetic patients at a higher level (2-3 fold).

Phosphorylation sites are present in the extracellular medium.

Cellular localization

Secreted.

Images



Flow cytometric (Intracellular) analysis of 4% paraformaldehyde fixed 90% methanol permeabilized HepG2 (human hepatocellular carcinoma epithelial cells) labeling Apolipoprotein E with ab300743 at 1/50 dilution (1 µg) (Red) compared with a Rabbit monoclonal isotype control - Alexa Fluor® (647) (Black) and an unlabeled control (cells without incubation with primary antibody and secondary antibody) (Blue).

Why choose a recombinant antibody?



Research with confidence
Consistent and reproducible results



Long-term and scalable supply
Recombinant technology



Success from the first experiment
Confirmed specificity



Ethical standards compliant
Animal-free production

Alexa Fluor® 647 Anti-Apolipoprotein E antibody
[EPR19392] (AB300743)

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