

Anti-CARD15/NOD2 antibody ab36836

★★★★★ [2 Abreviews](#) [3 References](#) [4 Images](#)

Overview

Product name	Anti-CARD15/NOD2 antibody
Description	Rabbit polyclonal to CARD15/NOD2
Host species	Rabbit
Tested applications	Suitable for: WB, ICC/IF, IHC-P
Species reactivity	Reacts with: Human
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
Positive control	HeLa cell lysate.
General notes	<p>This antibody has no cross-reaction with NOD1.</p> <p>The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing.</p> <p>If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As</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.
Storage buffer	<p>pH: 7.2</p> <p>Preservative: 0.02% Sodium azide</p> <p>Constituent: PBS</p>
Purity	Immunogen affinity purified
Primary antibody notes	This antibody has no cross-reaction with NOD1.
Clonality	Polyclonal
Isotype	IgG

Applications

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab36836 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
WB	★★★★☆ (2)	Use a concentration of 2 - 4 µg/ml. Detects a band of approximately 100 kDa (predicted molecular weight: 115 kDa).
ICC/IF		Use a concentration of 10 µg/ml.
IHC-P		Use a concentration of 1 µg/ml. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.

Target

Function

Induces NF-kappa-B via RICK (CARDIAK, RIP2) and IKK-gamma. Confers responsiveness to intracellular bacterial lipopolysaccharides (LPS).

Tissue specificity

Monocytes-specific.

Involvement in disease

Defects in NOD2 are the cause of Blau syndrome (BS) [MIM:186580]. BS is a rare autosomal dominant disorder characterized by early-onset granulomatous arthritis, uveitis and skin rash. Defects in NOD2 are a cause of susceptibility to inflammatory bowel disease type 1 (IBD1) [MIM:266600]. IBD1 is a chronic, relapsing inflammation of the gastrointestinal tract with a complex etiology. It is subdivided into Crohn disease and ulcerative colitis phenotypes. Crohn disease may affect any part of the gastrointestinal tract from the mouth to the anus, but most frequently it involves the terminal ileum and colon. Bowel inflammation is transmural and discontinuous; it may contain granulomas or be associated with intestinal or perianal fistulas. In contrast, in ulcerative colitis, the inflammation is continuous and limited to rectal and colonic mucosal layers; fistulas and granulomas are not observed. Both diseases include extraintestinal inflammation of the skin, eyes, or joints.

Defects in NOD2 are the cause of sarcoidosis early-onset (EOS) [MIM:609464]. EOS is a form of sarcoidosis manifesting in children younger than 4 years of age. Sarcoidosis is an idiopathic, systemic, inflammatory disease characterized by the formation of immune granulomas in involved organs. Granulomas predominantly invade the lungs and the lymphatic system, but also skin, liver, spleen, eyes and other organs may be involved. Early-onset sarcoidosis is quite rare and has a distinct triad of skin, joint and eye disorders, without apparent pulmonary involvement. Compared with an asymptomatic and sometimes naturally disappearing course of the disease in older children, early-onset sarcoidosis is progressive and in many cases causes severe complications, such as blindness, joint destruction and visceral involvement.

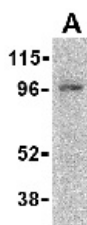
Sequence similarities

Contains 2 CARD domains.
Contains 9 LRR (leucine-rich) repeats.
Contains 1 NACHT domain.

Cellular localization

Cytoplasm.

Images

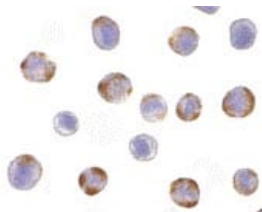


Western blot - Anti-CARD15/NOD2 antibody
(ab36836)

Anti-CARD15/NOD2 antibody (ab36836) at 2 µg/ml + HeLa cell lysate

Predicted band size: 115 kDa

Observed band size: 100 kDa



Immunocytochemistry/ Immunofluorescence - Anti-CARD15/NOD2 antibody (ab36836)

ab36836 at 10µg/ml staining CARD15/NOD2 in Hela cells by Immunocytochemistry.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-CARD15/NOD2 antibody (ab36836)

IHC image of ab36836 staining in normal human colon formalin fixed paraffin embedded tissue section, performed on a Leica Bond™ system using the standard protocol F. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20 mins. The section was then incubated with ab36836, 1µg/ml, for 15 mins at room temperature and detected using an HRP conjugated compact polymer system. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX.

For other IHC staining systems (automated and non-automated) customers should optimize variable parameters such as antigen retrieval conditions, primary antibody concentration and antibody incubation times.

Immunocytochemistry/ Immunofluorescence - Anti-CARD15/NOD2 antibody (ab36836)

Immunofluorescence of NOD2 in HeLa cells using ab36836 at 20 ug/ml.

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

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