abcam

Product datasheet

FITC Anti-Chlamydia trachomatis MOMP antibody ab30951

3 References

Overview

Product name	FITC Anti-Chlamydia trachomatis MOMP antibody
Description	FITC Goat polyclonal to Chlamydia trachomatis MOMP
Host species	Goat
Conjugation	FITC. Ex: 493nm, Em: 528nm
Specificity	ab30951 recognises Major Outer Membrane Protein of Chlamydia trachomatis.
Tested applications	**Suitable for:** IHC-P, ICC/IF
Species reactivity	**Reacts with:** Chlamydia trachomatis
Immunogen	Full length protein: Chlamydia trachomatis, Major Outer Membrane Protein
General notes	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. 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

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C.
Storage buffer	pH: 7.20 Preservative: 0.1% Sodium azide Constituents: PBS, 1% BSA
Purification notes	ab30951 was chromatographically purified.
Clonality	Polyclonal
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab30951 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
IHC-P		Use at an assay dependent concentration.
ICC/IF		1/20 - 1/100.

Target

Relevance

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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