



Anti-p75 NGF Receptor antibody ab216495

5 Images

Overview

Product name	Anti-p75 NGF Receptor antibody
Description	Rabbit polyclonal to p75 NGF Receptor
Host species	Rabbit
Tested applications	Suitable for: ICC/IF, IHC-P, WB, Flow Cyt
Species reactivity	Reacts with: Mouse, Rat, Human
Immunogen	Synthetic peptide within Rat p75 NGF Receptor aa 250-350 conjugated to keyhole limpet haemocyanin. The exact immunogen sequence used to generate this antibody is proprietary information. If additional detail on the immunogen is needed to determine the suitability of the antibody for your needs, please <u>contact</u> our Scientific Support team to discuss your requirements. Database link: <u>P07174</u>
Positive control	 <u>Run BLAST with</u>  <u>Run BLAST with</u> Rat liver and brain tissues; Mouse brain lysate; HepG2 cells.
General notes	<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	pH: 7.40 Preservative: 0.02% Proclin 300 Constituents: 50% Glycerol (glycerin, glycerine), 1% BSA, 48.98% TBS, 1X
Purity	Protein A purified
Clonality	Polyclonal

Isotype

IgG

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab216495 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		1/50 - 1/200.
IHC-P		1/100 - 1/500. (or 1/50 - 1/200 if using a fluorescent secondary antibody).
WB		1/100 - 1/1000. Predicted molecular weight: 45 kDa.
Flow Cyt		1/100.

Target

Function

Low affinity receptor which can bind to NGF, BDNF, NT-3, and NT-4. Can mediate cell survival as well as cell death of neural cells.

Sequence similarities

Contains 1 death domain.
Contains 4 TNFR-Cys repeats.

Domain

Death domain is responsible for interaction with RANBP9.
The extracellular domain is responsible for interaction with NTRK1.

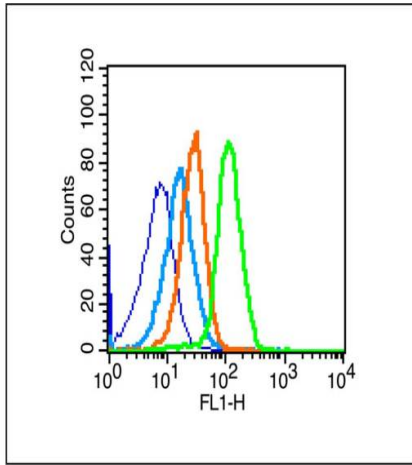
Post-translational modifications

N- and O-glycosylated.
O-linked glycans consist of Gal(1-3)GalNAc core elongated by 1 or 2 NeuNAc.
Phosphorylated on serine residues.

Cellular localization

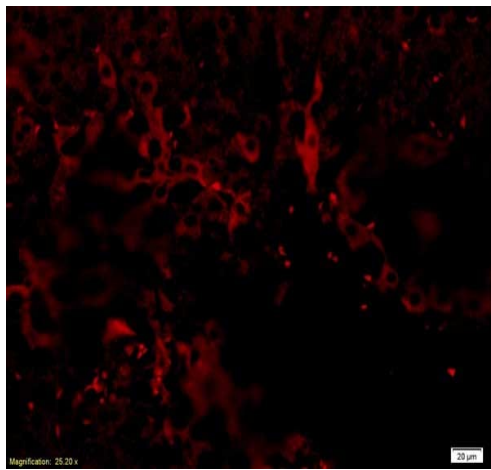
Membrane.

Images



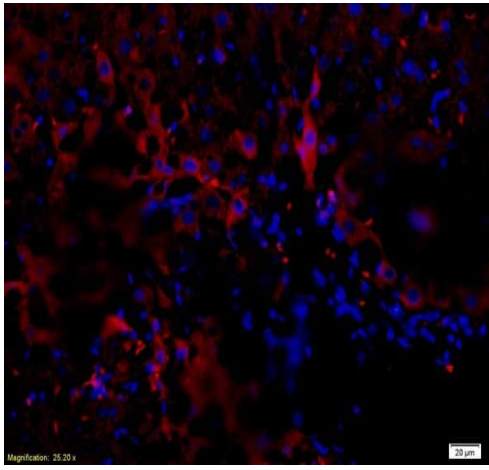
Flow Cytometry - Anti-p75 NGF Receptor antibody
(ab216495)

Flow Cytometry of Mouse Spleen with **ab217628** at 1/100



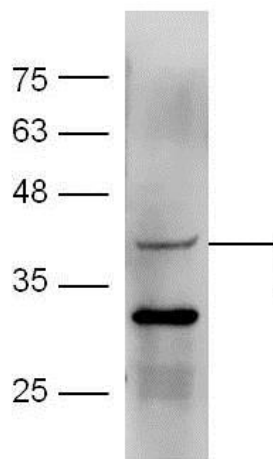
Immunohistochemistry (Formalin/PFA-fixed paraffin-
embedded sections) - Anti-p75 NGF Receptor
antibody (ab216495)

Immunohistochemical analysis of formalin-fixed, paraffin-embedded rat liver tissue labeling p75 NGF Receptor with ab216495 at 1/200 dilution overnight at 4°C, followed by Goat Anti-Rabbit IgG, PE conjugated at 1/200 dilution for 40 minutes at 37°C.



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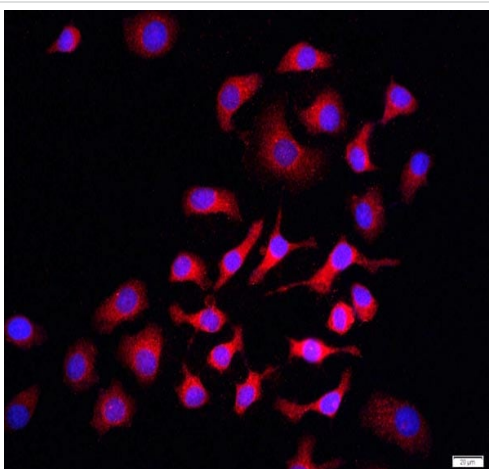
Western blot - Anti-p75 NGF Receptor antibody (ab216495)

Anti-p75 NGF Receptor antibody (ab216495) at 1/300 dilution + Mouse brain lysate

Secondary

Goat Anti-Rabbit IgG Antibody (H+L), HRP Conjugated at 1/5000 dilution

Predicted band size: 45 kDa



Immunocytochemistry/ Immunofluorescence - Anti-p75 NGF Receptor antibody (ab216495)

Immunofluorescent analysis of HepG2 cells labeling p75 NGF Receptor with ab216495 at 1/500 dilution in PBS (incubated for two hours at 37°C), followed by Goat Anti-Rabbit IgG (H+L) Cy3 conjugated secondary antibody. DAPI staining of the nucleus was done and then detected.

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

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