



Anti-human Enteropeptidase/Enterokinase Antibody

ORDERING INFORMATION

Catalog Number: AF1585

Lot Number: VSF01

Size: 100 µg

Formulation: 0.2 µm filtered solution in PBS
with 5% trehalose

Storage: -20° C

Reconstitution: sterile PBS

Specificity: human Enteropeptidase

Immunogen: NS0-derived rhEK
(aa 41 - 1019)

Ig Type: goat IgG

Applications: Western blot
Immunoprecipitation
Direct ELISA

Preparation

Produced in goats immunized with purified, NS0-derived, recombinant human Enteropeptidase/Enterokinase (rhEK; aa 41 - 1019). Human EK specific IgG was purified by human EK affinity chromatography.

Formulation

Lyophilized from a 0.2 µm filtered solution in phosphate-buffered saline (PBS) with 5% trehalose.

Reconstitution

Reconstitute with sterile PBS. If 0.5 mL of PBS is used, the antibody concentration will be 0.2 mg/mL.

Storage

Lyophilized samples are stable for twelve months from date of receipt when stored at -20° C to -70° C. Upon reconstitution, the antibody can be stored at 2° - 8° C for 1 month without detectable loss of activity. Reconstituted antibody can also be aliquotted and stored frozen at -20° C to -70° C **in a manual defrost freezer** for six months without detectable loss of activity. **Avoid repeated freeze-thaw cycles.**

Specificity

This antibody has been selected for its ability to recognize human EK in direct ELISAs and western blots.

Applications

Western blot - This antibody can be used at 0.1 - 0.2 µg/mL with the appropriate secondary reagents to detect human EK. The detection limit for rhEK is approximately 25 ng/lane under non-reducing and reducing conditions.

Immunoprecipitation - This antibody has been used to immunoprecipitate rhEK from conditioned media of transfected NS0 cells. The recovered rhEK can be detected by western blot analysis using a monoclonal antibody (R&D Systems, Catalog # MAB1585).

Direct ELISA - This antibody can be used at 0.5 - 1.0 µg/mL with the appropriate secondary reagents to detect human EK. The detection limit for rhEK is approximately 0.5 ng/well.

Optimal dilutions should be determined by each laboratory for each application.