

MOUSE ANTI- HUMAN COLLAGEN TYPE VI MONOCLONAL ANTIBODY

CATALOG NUMBER: MAB3303 QUANTITY: 100 μg

LOT NUMBER: CONCENTRATION: 2 mg/mL

CLONE NAME: VI-26 HOST/ISOTYPE: Ms IgG_{1 Kappa}

SPECIFICITY: The monoclonal antibody specifically reacts with human collagen VI. VI-26 does not

react with denatured or reduced type VI collagen, although this antibody does recognize the the triple helix consisting of alpha1(VI), alpha 2(VI) alpha3(gamma). The epitope has not been mapped and the monoclonal is know not to react with collagens I, II, III, IV or V

in native assays.

APPLICATIONS: Immunoblotting: 10µg/mL

Immunohistochemistry: Frozen tissue sections and acetone-fixed, paraffin-embedded tissues: 1-10 μg/mL.. Formalin fixation is not recommended. Epitope retrieval suggestions are treatment with 0.04% trypsin in 0.01M CaCl₂, 0.05M Tris-HCL, pH

7.6, 37°C for 10 minutes before the non-specific peroxidase block.

ΕIΑ

Optimal working dilutions must be determined by the end user.

SPECIES REACTIVITY: Human, and rabbit. Does not react with rat. Reactivity with other species has not been

confirmed.

PRESENTATION: Purified immunoglobulin. Liquid in 0.1 M sodium phosphate buffer, pH 7.0, containing

2% protease-free bovine serum albumin.

STORAGE/HANDLING: Maintain at -20°C for up to 12 months from date of receipt in undiluted aliquots. Avoid

repeated freeze/thaw cycles.

REFERENCES: Muragaki, Y, et al. (1985). Experimental study on alteration of collagen metabolism in

liver fibrosis. J. Wakayama Med. Soc. (in Japanese) 36: 195-208.

Hessle, H., et al. (1984). Type VI Collagen, Studies on its localization, structure, and

biosynthetic form with monoclonal antibodies. J. Biochem. 259: 3955-3961.

Mayne, R. et al. (1980). Isolation and partial characterization of basement membrane-

link collagens from bovine thoracic aorta. Artery 7: 262-280.

Important Note: During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For

products with volumes of 200 μ L or less, we recommend gently tapping the vial on a hard surface or briefly

centrifuging the vial in a tabletop centrifuge to dislodge any liquid in the container's cap.

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