Monoclonal Antibody to Clusterin
Purified Antibody (0.1 mg)

Clone: Hs-3
Isotype: Mouse IgG1
Regulatory Status: RUO
Immunogen: Freshly ejaculated human sperms were washed in PBS and extracted in 3% acetic acid, 10% glycerol, 30 mM benzaminidine. The acid extract was dialyzed against 0.2% acetic acid and subsequently used for immunization.
Species Reactivity: Human
Negative Species: Porcine, Bovine, Canine (Dog), Feline (Cat)
Application:
- Western Blotting
  Recommended dilution: 1 µg/ml
  Positive material: seminal plasma
- Immunohistochemistry (paraffin sections)
  Recommended dilution: 10 µg/ml
  Positive tissue: Sertoli cells
- Immunocytochemistry
- ELISA
Purity: > 95% (by SDS-PAGE)
Purification: Purified by protein-A affinity chromatography
Concentration: 1 mg/ml
Storage Buffer: Phosphate buffered saline (PBS) with 15 mM sodium azide, approx. pH 7.4
Storage / Stability: Store at 2-8°C. Do not freeze. Do not use after expiration date stamped on vial label.
Expiration: See vial label
Lot Number: See vial label
Background: Clusterin (APO J, SGP-2, TRPM-2, SP-40, pADHC-9, CLJ, T64, GP III, XIP8) is a 75-80 kD disulfide-linked heterodimeric protein containing about 30% of N-linked carbohydrate rich in sialic acid but truncated forms targeted to the nucleus have also been identified. It is a conserved secreted glycoprotein expressed by a wide range of tissues and being implicated in many physiological processes, including e.g. lipid transportation, complement inhibition, tissue remodeling, membrane recycling, or clearance of cellular debris. It is nearly ubiquitously expressed in most mammalian tissues and can be found in plasma, milk, urine, cerebrospinal fluid and semen. Clusterin is able to bind and form complexes with numerous partners (immunoglobulins, lipids, heparin, bacteria, complement components, paraoxonase, beta amyloid, leptin etc.) and is expressed in many pathological and clinically relevant situations including cancer, organ regeneration, infection, Alzheimer disease, retinitis pigmentosa, myocardial infarction, renal tubular damage, autoimmunity and others. A genuine function of clusterin is still enigmatic.
References: