

**MOUSE ANTI-NG2 CHONDROITIN SULFATE PROTEOGLYCAN
MONOCLONAL ANTIBODY**

CATALOG NUMBER: MAB5384

LOT NUMBER:

QUANTITY: 100 µg

CONCENTRATION: 1.0 mg/mL

SPECIFICITY: NG2 Chondroitin Sulfate Proteoglycan. MAB5384 reacts with native, recombinant and protein from cells which express NG2.

BACKGROUND: NG2 is a high molecular weight, integral membrane chondroitin sulfate proteoglycan. It is found on the surfaces of an unusual class of glial cells within the developing and mature central nervous system that have the properties of oligodendrocyte precursor cells (i.e., O-2A progenitor cells). NG2 is also found on the surfaces of chondroblasts, proliferating capillary endothelial cells, some human melanoma cell lines, and on leukemic blasts in childhood acute lymphoblastic leukemia. The NG2 proteoglycan is likely to play a role in regulation of cell motility, axon outgrowth and the cellular responses to platelet-derived growth factor.

IMMUNOGEN: Cell line expressing a truncated form of NG2.

ISOTYPE: IgG₁

APPLICATIONS: Western blot. Recognizes the >280 kD NG2 protein. Suggested blocking buffer is 5% dry milk in TBST.
Immunocytochemistry: 1:200-1:500 on oligodendrocyte precursor cells.
Immunohistochemistry. It is suggested that the tissue used is only lightly fixed (4% paraformaldehyde for less than 2 hours, etc.). Avoid overfixing tissue. Suggested blocking buffer is 2-4% normal serum. Suggested antibody dilution buffer is PBS containing 0.1% Triton X100.
ELISA (direct)
Optimal working dilutions must be determined by end user.

SPECIES REACTIVITIES: Rat. The antibody may also work on human but this has not yet been determined.

FORMAT: Purified immunoglobulin.

PRESENTATION: Liquid in 0.02M Phosphate buffer, containing 0.25M NaCl and 0.1% azide.

STORAGE/HANDLING: Maintain at 2-8°C in undiluted aliquots for up to 6 months. .

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 µL 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.*

For research use only; not for use as a diagnostic.