Product Information

Anti-Monkey IgG (Whole Molecule)-Peroxidase

Antibody Produced in Rabbit, Buffered Aqueous Solution

A2054

Product Description

Antiserum is produced in rabbit using purified monkey IgG (rhesus) as the immunogen. Antibody is isolated from rabbit anti-monkey IgG antiserum by immunospecific purification, which removes essentially all rabbit serum proteins, including immunoglobulins, which do not specifically bind to monkey IgG. Rabbit anti-monkey IgG is conjugated to horseradish peroxidase by protein crosslinking with glutaraldehyde.

Identity and purity of the antibody is established by immunoelectrophoresis (IEP), prior to conjugation. Electrophoresis of the antibody preparation followed by diffusion versus anti-rabbit IgG and anti-rabbit whole serum result in single arcs of precipitation.

Reagent

Provided as a solution in 0.01 M phosphate buffered saline, pH 7.4, containing 0.05% MIT as a preservative.

Antibody concentration: 4-11 mg/mL

Molar Ratio: (Antibody:Peroxidase): 0.6–1.5

Precautions and Disclaimer

For research use only. Not for drug, household, or other uses. Please consult the Safety Data Sheet for information regarding hazards and safe handling practices.

Storage/Stability

For continuous use, store at 2–8 °C for up to one month. For extended storage, the solution may be frozen in working aliquots. Repeated freezing and thawing, or storage in "frost-free" freezers, is not recommended. If slight turbidity occurs upon prolonged storage, clarify the solution by centrifugation before use.

Product Profile

Direct ELISA

A working dilution of at least 1:45,000 is determined using 5 µg/mL monkey IgG for the coat and OPD, Cat. No. P8287, as substrate.

Dot Blot

A dilution of 1:160,000 was determined in a direct chemiluminescence assay using 10 ng monkey IgG/dot. Luminol plus enhancer was used as substrate.

Note: Working dilutions should be determined by titration assay. Due to differences in assay systems, these titers may not reflect the user's actual working dilution.

References

1. Voller, A. et al., *Bulletin WHO*, **53**: 55 (1976).

Notice

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