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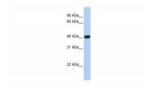
HIGH PERFORMANCE ANTIBODIES ... AND MORE

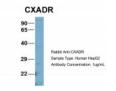
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CXADR Antibody

CATALOG NUMBER: 25-116





Antibody used in WB on Human Brain at 0.2-1 ug/ml.

Antibody used in WB on Human HepG2 at 1 ug/ml.

Specifications	
SPECIES REACTIVITY:	Human
TESTED APPLICATIONS:	ELISA, WB
APPLICATIONS:	CXADR antibody can be used for detection of CXADR by ELISA at 1:12500. CXADR antibody can be used for detection of CXADR by western blot at 1 ug/mL, and HRP conjugated secondary antibody should be diluted 1:50,000 - 100,000.
USER NOTE:	Optimal dilutions for each application to be determined by the researcher.
POSITIVE CONTROL:	1) Cat. No. XBL-10123 - Fetal Brain Tissue Lysate
PREDICTED MOLECULAR WEIGHT:	38 kDa
IMMUNOGEN:	Antibody produced in rabbits immunized with a synthetic peptide corresponding a region of human CXADR.
HOST SPECIES:	Rabbit
Properties	
PURIFICATION:	Antibody is purified by peptide affinity chromatography method.
PHYSICAL STATE:	Lyophilized
BUFFER:	Antibody is lyophilized in PBS buffer with 2% sucrose. Add 50 uL of distilled water. Final antibody concentration is 1 mg/mL.
CONCENTRATION:	1 mg/ml
STORAGE CONDITIONS:	For short periods of storage (days) store at 4°C. For longer periods of storage, store CXADR antibody at -20°C. As with any antibody avoid repeat freeze-thaw cycles.
CLONALITY:	Polycional
CONJUGATE:	Unconjugated
Additional Info	
ALTERNATE NAMES:	CXADR, CAR, HCAR, CAR4/6
ACCESSION NO.:	NP_001329
PROTEIN GI NO.:	4503173

OFFICIAL SYMBOL:	CXADR
GENE ID:	1525
Background	
BACKGROUND:	CXADR is a type I membrane receptor for group B coxsackieviruses and subgroup C adenoviruses. Pseudogenes of this gene are found on chromosomes 15, 18, and 21. The protein encoded by this gene is a type I membrane receptor for group B coxsackieviruses and subgroup C adenoviruses. Pseudogenes of this gene are found on chromosomes 15, 18, and 21. Publication Note: This RefSeq record includes a subset of the publications that are available for this gene. Please see the Entrez Gene record to access additional publications.
REFERENCES:	1) Abdolazimi, Y., (2007) World J. Gastroenterol. 13 (47), 6365-6369.

FOR RESEARCH USE ONLY

December 12, 2016