

Purified Anti-Human CD192 Antibody[K036C2]

catalog number: E-AB-F1385A

Note: Centrifuge before opening to ensure complete recovery of vial contents.

Description

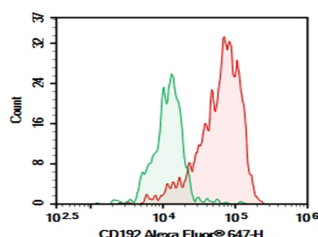
Reactivity	Human
Immunogen	Recombinant Human CD192 protein
Host	Mouse
Isotype	Mouse IgG2a, κ
Clone	K036C2
Purification	>98%, Protein A/G purified
Conjugation	Unconjugated
Buffer	Phosphate-buffered solution, pH 7.2, containing 0.05% non-protein stabilizer. Dialyze to completely remove the stabilizer prior to labeling.

Applications

Recommended Dilution

FCM	2 $\mu\text{g/mL}$ (1×10^5 - 5×10^5 cells)
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Data



Human peripheral blood monocytes cell were stained with 0.2 μg Purified Anti-Human CD192 Antibody[K036C2] (Right) and 0.2 μg Mouse IgG2a, κ Isotype Control (Left), followed by Alexa Fluor® 647-conjugated Goat Anti-Mouse IgG Secondary Antibody.

Preparation & Storage

Storage	Store at 4°C valid for 12 months or -20°C valid for long term storage, avoid freeze / thaw cycles.
Shipping	Ice bag

Background

CCR2 is a chemokine receptor that binds monocyte chemoattractant proteins (MCP-1, 2, 3 and 4). Two spliced variants were initially described for CCR2 (CCR2A and CCR2B). These variants differ in their terminal carboxyl tails. Monocyte adhesion to the arterial endothelium and subsequent migration into the intima are central events in the pathogenesis of atherosclerosis. CCR2 and MCP-1 have been associated to atherosclerotic plaques. MCP-1 is induced by modified-LDL in endothelial cells and may trigger firm adhesion of monocytes to vascular endothelium under flow conditions. Local overexpression of MCP-1 at vessel walls induces infiltration of macrophages and formation of atherosclerotic lesions. Obesity induces an inflammatory state that is implicated in many clinically important complications, including insulin resistance, diabetes, atherosclerosis, and non-alcoholic fatty liver disease. CCR2 influences the development of obesity and associated adipose tissue inflammation.

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