

Purified Anti-Human CD26 Antibody[M-A261]

catalog number: AN012940P

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

Description

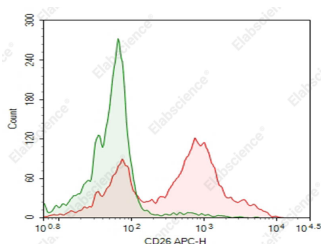
Reactivity	Human
Immunogen	Recombinant Human CD26 protein
Host	Mouse
Isotype	Mouse IgG1, κ
Clone	M-A261
Purification	>98%, Protein A/G purified
Buffer	Phosphate-buffered solution, pH 7.2, containing 0.05% non-protein stabilizer. Dialyze to completely remove the stabilizer prior to labeling.

Applications

Recommended Dilution

FCM $\leq 0.2 \mu\text{g}$ per million cells in 100 μL volume

Data



Human peripheral blood lymphocytes were stained with
0.2 μg Purified Anti-Human CD26 Antibody[M-A261]
(Right) and 0.2 μg Mouse IgG1, κ Isotype Control (Left),
followed by APC-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

For Research Use Only

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Rev. V1.0

Dipeptidyl peptidase-4 (DPP4) or adenosine deaminase complexing protein 2 (ADCP 2) or T-cell activation antigen CD26 is a serine exopeptidase belonging to the S9B protein family that cleaves X-proline dipeptides from the N-terminus of polypeptides, such as chemokines, neuropeptides, and peptide hormones. The enzyme is a type II transmembrane glycoprotein, expressed on the surface of many cell types. It is also present in serum and other body fluids in a truncated form (sCD26/DPPIV). The soluble CD26 (sCD26) as a tumour marker for the detection of colorectal cancer (CRC) and advanced adenomas. As both a regulatory enzyme and a signalling factor, DPP4 has been evaluated and described in many studies. DPP4 inhibition results in increased blood concentration of the incretin hormones glucagon-like peptide-1 (GLP-1) and gastric inhibitory polypeptide (GIP). This causes an increase in glucose-dependent stimulation, resulting in a lowering of blood glucose levels. Recent studies have shown that DPP4 inhibitors can induce a significant reduction in glycosylated haemoglobin (HbA(1c)) levels, either as monotherapy or as a combination with other antidiabetic agents. Research has also demonstrated that DPP4 inhibitors portray a very low risk of hypoglycaemia development, and are a new pharmacological class of drugs for treating Type 2 diabetes.