

## DPP4/CD26 Polyclonal antibody

**catalog number: AN006030L**

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

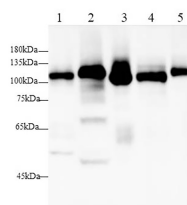
### Description

<b>Reactivity</b>	Mouse;Rat
<b>Immunogen</b>	Recombinant Human DPP4/CD26 protein expressed by Mammalian
<b>Host</b>	Rabbit
<b>Isotype</b>	IgG
<b>Purification</b>	Antigen Affinity Purification
<b>Buffer</b>	PBS with 0.05% Proclin300, 1% protective protein and 50% glycerol, pH7.4

### Applications Recommended Dilution

<b>WB</b>	1:1000-1:2000
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### Data



Western blot with Anti DPP4/CD26 Polyclonal antibody at dilution of 1:1000. Lane 1: Mouse lung tissue lysate, Lane 2: Mouse liver tissue lysate, Lane 3: Rat lung tissue lysate, Lane 4: Rat thymus tissue lysate, Lane 5: Rat liver tissue lysate.

**Observed-MW:120 kDa**

**Calculated-MW:88 kDa**

### Preparation & Storage

<b>Storage</b>	Store at -20°C Valid for 12 months. Avoid freeze / thaw cycles.
<b>Shipping</b>	The product is shipped with ice pack, upon receipt, store it immediately at the temperature recommended.

### Background

### For Research Use Only

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 (HbA1c) 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.