DPP4/CD26 Polyclonal antibody

catalog number: AN006030L

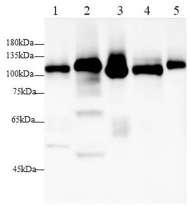
Note: *Centrifuge before opening to ensure complete recovery of vial contents.*

Description

Reactivity	Mouse;Rat
Immunogen	Recombinant Human DPP4/CD26 protein expressed by Mammalian
Host	Rabbit
Isotype	IgG
Purification	Antigen Affinity Purification
Conjugation	Unconjugated
buffer	PBS with 0.05% proclin 300, 1% protective protein and 50% glycerol,pH7.4

Applications	Recommended Dilution
WB	1:1000-1:2000

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-MV:120 kDa

Calculated-MV:88 kDa

Preparation & Storage

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

Background

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.

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