

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human Osteopontin/OPN in direct ELISAs and Western blots.
Source	Polyclonal Goat IgG
Purification	Antigen Affinity-purified
Immunogen	Human milk-derived Osteopontin/OPN
Conjugate	Alexa Fluor 700 Excitation Wavelength: 675-700 nm Emission Wavelength: 723 nm
Formulation	Supplied 0.2mg/ml in 1X PBS with RDF1 and 0.09% Sodium Azide
*Contains <0.1% Sodium Azide, which is not hazardous at this concentration according to GHS classifications. Refer to the Safety Data Sheet (SDS) for additional information and handling instructions.	

APPLICATIONS

Please Note: Optimal dilutions should be determined by each laboratory for each application. General Protocols are available in the Technical Information section on our website.

Neutralization	Optimal dilution of this antibody should be experimentally determined.
ELISA	Optimal dilution of this antibody should be experimentally determined.
Immunocytochemistry	Optimal dilution of this antibody should be experimentally determined.
Immunohistochemistry	Optimal dilution of this antibody should be experimentally determined.

PREPARATION AND STORAGE

Shipping	The product is shipped with polar packs. Upon receipt, store it immediately at the temperature recommended below.
Stability & Storage	Protect from light. Do not freeze. 12 months from date of receipt, 2 to 8 °C as supplied

BACKGROUND

Osteopontin (OPN), previously also referred to as transformation-associated secreted phosphoprotein, bone sialoprotein I, 2ar, 2B7, early T lymphocyte activation 1 protein, minopotin, calcium oxalate crystal growth inhibitor protein), is a secreted, highly acidic, calcium-binding, RGD-containing, phosphorylated glycoprotein originally isolated from bone matrix (1). Subsequently, OPN has been found in kidney, placenta, blood vessels and various tumor tissues. Many cell types (including macrophages, osteoclasts, activated T cells, fibroblasts, epithelial cells, vascular smooth muscle cells, and natural killer cells) can express OPN in response to activation by cytokines, growth factors or inflammatory mediators. Elevated expression of OPN has also been associated with numerous pathobiological conditions such as atherosclerotic plaques, renal tubulointerstitial fibrosis, granuloma formations in tuberculosis and silicosis, neointimal formation associated with balloon catheterization, metastasizing tumors, and cerebral ischemia. Human OPN cDNA encodes a 314 amino acid (aa) residue precursor protein with a 16 aa residue predicted signal peptide that is cleaved to yield a 298 aa residue mature protein with an integrin binding sequence (RGD), and N- and O-glycosylation sites. By alternative splicing, at least three human OPN isoforms exist. OPN has been shown to bind to different cell types through RGD-mediated interaction with the integrins $\alpha\beta_1$, $\alpha\beta_3$, $\alpha\beta_5$, and non-RGD-mediated interaction with CD44 and the integrins $\alpha_8\beta_1$ or $\alpha_9\beta_1$. OPN exists both as a component of extracellular matrix and as a soluble molecule. Functionally, OPN is chemotactic for macrophages, smooth muscle cells, endothelial cells and glial cells. OPN has also been shown to inhibit nitric oxide production and cytotoxicity by activated macrophages. Human, mouse, rat, pig, and bovine OPN share from approximately 40-80% amino acid sequence identity. Osteopontin is a substrate for proteolytic cleavage by thrombin, enterokinase, MMP-3, and MMP-7. The functions of OPN in a variety of cell types were shown to be modified as a result of proteolytic cleavage (2, 3).

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