

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human VSIG1 in direct ELISAs and Western blots. In direct ELISAs and Western blots, approximately 5% cross-reactivity with recombinant human (rh) VSIG2, rhVSIG3, rhVSIG4, and recombinant mouse VSIG1 is observed.
Source	Polyclonal Sheep IgG
Purification	Antigen Affinity-purified
Immunogen	Mouse myeloma cell line NS0-derived recombinant human VSIG1 Val22-Gly234 Accession # Q86XK7
Conjugate	Alexa Fluor 594 Excitation Wavelength: 590 nm Emission Wavelength: 617 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.

Western Blot	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

VSIG1 (V-set and Ig domain-containing protein 1; also Glycoprotein A34) is a variably glycosylated 55-70 kDa member of the JAM family of proteins. It has restricted expression, being limited to testicular germ cells plus pancreatic duct and gastric epithelium. VSIG1 is likely to serve as an adhesion molecule. Mature human VSIG1 is 366 amino acids (aa) in length. It is a type I transmembrane glycoprotein that contains a 211 aa extracellular domain (ECD). The ECD contains one V-type (aa 22-132) and one C2-type Ig-like domain (aa 140-227). Over aa 22-234, human VSIG1 is 83% aa identical to both mouse and canine VSIG1. At least one potential splice variant exists in human. It shows an insertion of 36 aa after Ser72 and a deletion of aa 133-387.

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