

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human Cystatin D in direct ELISAs and Western blots. In direct ELISAs and Western blots, no cross-reactivity with recombinant human (rh) Cystatins A, B, C, E/M, S, SA, SN, rhKininogen, rhFetuin A, B, or rhHPRG is observed.
Source	Monoclonal Mouse IgG _{2A} Clone # 206006
Purification	Protein A or G purified from hybridoma culture supernatant
Immunogen	Mouse myeloma cell line NS0-derived recombinant human Cystatin D Arg28-Val142 Accession # P28325
Conjugate	Alexa Fluor 350 Excitation Wavelength: 346 nm Emission Wavelength: 442 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.
Western Blot	Optimal dilution of this antibody should be experimentally determined.
Immunoprecipitation	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

Cystatin D is a member of family 2 of the cystatin superfamily (1). In contrast to other members of family 2, Cystatin D has restricted tissue distribution and has been found only in saliva and tears. Two allelic variants (Arg46 and Cys46) are known in the human protein and they are not significantly different in their inhibitory activity against papain and cathepsins B, H, L and S (2). The functions of Cystatin D are largely unknown. However, Cystatin D has been shown to inhibit coronavirus replication at its physiological concentration (0.12-1.9 µM) and has been suggested to play a protective role against proteases present in the oral cavity (3).

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