

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human Cardiotrophin-1/CT-1 in direct ELISAs.
Source	Monoclonal Mouse IgG _{2B} Clone # 89230
Purification	Protein A or G purified from ascites
Immunogen	<i>E. coli</i> -derived recombinant human Cardiotrophin-1/CT-1 Ser2-Ala201 Accession # Q16619
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.

ELISA 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

Cardiotrophin-1 (CT-1) is a member of the cytokine family which also includes IL-6, IL-11, leukemia inhibitory factor (LIF), oncostatin M (OSM), and ciliary neurotrophic factor (CNTF). It was originally isolated based on its ability to induce cardiac myocyte hypertrophy *in vitro*. CT-1 has since been shown to be a pleiotrophic cytokine with overlapping actions with other IL-6 family members on a variety of cell types. Human CT-1 encodes a 201 amino acid (aa) residue protein that lacks a hydrophobic signal peptide. The mechanism of CT-1 release from cells is currently not understood. Human and mouse CT-1 share 80% aa sequence identity and exhibit cross-species activity. CT-1 is highly expressed in heart, skeletal muscle, liver, lung and kidney. Lower levels of CT-1 expression is also seen in testis and brain. CT-1 initiates downstream signaling pathways through the heterodimerization of gp130 and the LIF receptor β subunit. A third α receptor subunit has been implicated in the receptor complex.

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