

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human PLA2G2A in direct ELISAs and Western blots. In direct ELISAs, no cross-reactivity with recombinant human PLA2G1B, G2A, or G7 is observed.
Source	Monoclonal Mouse IgG _{2B} Clone # 620501
Purification	Protein A or G purified from hybridoma culture supernatant
Immunogen	<i>S. frugiperda</i> insect ovarian cell line Sf 21-derived recombinant human PLA2G2A Asn21-Cys144 Accession # P14555
Conjugate	Alexa Fluor 532 Excitation Wavelength: 534 nm Emission Wavelength: 553 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.
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

Phospholipase A2 Group IIA (PLA2G2A) is a 17 kDa member of the phospholipase A2 family of enzymes that hydrolyzes the *sn*-2 ester bond of phospholipids. Human PLA2G2A is synthesized as a 144 amino acid (aa) precursor that contains a 20 aa signal sequence and a 124 aa mature chain. Mature human PLA2G2A shares 72%, 68%, and 60% aa sequence identity with mature rat, mouse, and bovine PLA2G2A, respectively. PLA2G2A is a calcium dependent phospholipase expressed in many cell types associated with inflammation, including platelets, neutrophils, and mast cells. Most secretory PLA2s are stored in cytoplasmic granules and are released into the extracellular environment on appropriate cell activation. Thus, they are present at higher concentrations in the plasma and biologic fluids of patients with systemic inflammatory, autoimmune, or allergic diseases.

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