

# **Human IL-6 Antibody**

Monoclonal Mouse IgG<sub>1</sub> Clone # 973115 Catalog Number: MAB2063

DESCRIPTION	
Species Reactivity	Human
Specificity	Detects human IL-6 in direct ELISAs.
Source	Monoclonal Mouse IgG <sub>1</sub> Clone # 973115
Purification	Protein A or G purified from ascites
Immunogen	E. coli-derived recombinant human IL-6 Pro29-Met212 Accession # P05231
Formulation	Lyophilized from a 0.2 µm filtered solution in PBS with Trehalose. See Certificate of Analysis for details. *Small pack size (-SP) is supplied either lyophilized or as a 0.2 µm filtered solution in PBS.

### APPLICATIONS

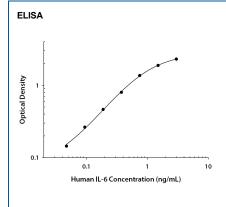
Please Note: Optimal dilutions should be determined by each laboratory for each application. General Protocols are available in the Technical Information section on our website.

ELISA

This antibody functions as an ELISA detection antibody when paired with Mouse Anti-Human IL-6 Monoclonal Antibody (Catalog # MAB9540).

This product is intended for assay development on various assay platforms requiring antibody pairs. We recommend the Human IL-6 DuoSet ELISA Kit (Catalog # DY206) for convenient development of a sandwich ELISA or the Human IL-6 Quantikine ELISA Kit (Catalog # D6050) for a complete optimized ELISA.

#### DATA



Human IL-6 ELISA Standard Curve. Recombinant human IL-6 protein was serially diluted 2-fold and captured by Mouse Anti-Human IL-6 Monoclonal Antibody (Catalog # MAB9540) coated on a Clear Polystyrene Microplate (Catalog # DY990). Mouse Anti-Human IL-6 Monoclonal Antibody (Catalog # MAB2063) was biotinylated and incubated with the protein captured on the plate. Detection of the standard curve was achieved by incubating Streptavidin-HRP (Catalog # DY998) followed by Substrate Solution (Catalog # DY999) and stopping the enzymatic reaction with Stop Solution (Catalog # DY994).

### PREPARATION AND STORAGE

**Reconstitution** Reconstitute at 0.5 mg/mL in sterile PBS.

Shipping The product is shipped at ambient temperature. Upon receipt, store it immediately at the temperature recommended below.

\*Small pack size (-SP) is shipped with polar packs. Upon receipt, store it immediately at -20 to -70 °C

Stability & Storage U

Use a manual defrost freezer and avoid repeated freeze-thaw cycles.

- 12 months from date of receipt, -20 to -70 °C as supplied.
- 1 month, 2 to 8 °C under sterile conditions after reconstitution.
- 6 months, -20 to -70 °C under sterile conditions after reconstitution.

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#### BACKGROUND

Interleukin-6 (IL-6) is a pleiotropic, alpha -helical, phosphorylated and variably glycosylated cytokine that plays important roles in the acute phase reaction, inflammation, hematopoiesis, bone metabolism, and cancer progression. Mature human IL-6 is 183 amino acids (aa) in length expressed as a 22-28 kDA molecular weight protein. IL-6 shares 39% aa sequence identity with mouse and rat IL-6. Alternative splicing generates several isoforms with internal deletions, some of which exhibit antagonistic properties. IL-6 induces signaling through a cell surface heterodimeric receptor complex composed of a ligand binding subunit (IL-6 R alpha) and a signal transducing subunit (gp130). IL-6 binds to IL-6 R alpha, triggering IL-6 R alpha association with gp130 and gp130 dimerization. gp130 is also a component of the receptors for CLC, CNTF, CT-1, IL-11, IL-27, LIF, and OSM. Soluble forms of IL-6 R alpha are generated by both alternative splicing and proteolytic cleavage. In a mechanism known as trans-signaling, complexes of soluble IL-6 and IL-6 R alpha elicit responses from gp130-expressing cells that lack cell surface IL-6 R alpha. Trans-signaling enables a wider range of cell types to respond to IL-6, as the expression of gp130 is ubiquitous, while that of IL-6 R alpha is predominantly restricted to hepatocytes, monocytes, and resting lymphocytes. Soluble splice forms of gp130 block trans-signaling from IL-6/IL-6 R alpha but not from other cytokines that use gp130 as a co-receptor. IL-6, along with TNF-alpha and IL-1, function to drive the acute inflammatory response and the transition from acute inflammation to either acquired immunity or chronic inflammatory disease. When dysregulated, it contributes to chronic inflammation in obesity, insulin resistance, inflammatory bowel disease, arthritis, sepsis, and atherosclerosis. IL-6 can also function as an anti-inflammatory molecule, as in skeletal muscle where it is secreted in response to exercise. In addition, it enhances hematopoietic stem cell proliferation and the

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