Human IL-1ra/IL-1F3 Antibody
Monoclonal Mouse IgG2A Clone # 10309
Catalog Number: MAB280

DESCRIPTION

Species Reactivity: Human

Specificity: Detects human IL-1ra/IL-1F3 in ELISAs. In ELISAs, this antibody shows less than 0.2% cross-reactivity with recombinant mouse (rm) IL-1ra and no cross-reactivity with rmIL-1α, rmIL-1β, rmIL-1β, rmIL-1β, rmIL-1β, rmIL-1 RI, or rmIL-1 RII.

Source: Monoclonal Mouse IgG2A Clone # 10309

Purification: Protein A or G purified from ascites

Immunogen: E. coli-derived recombinant human IL-1ra/IL-1F3

Arg26-Glu177
Accession # P18510

Endotoxin Level: <0.10 EU per 1 µg of the antibody by the LAL method.

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.

Human IL-1ra/IL-1F3 Sandwich Immunoassay

ELISA Capture
- 2-8 µg/mL
- Human IL-1ra/IL-1F3 Antibody (Catalog # MAB280)

ELISA Detection
- 0.1-0.4 µg/mL
- Human IL-1ra/IL-1F3 Biotinylated Antibody (Catalog # BAF280)

Reagent
- Standard: Recombinant Human IL-1ra/IL-1F3 (Catalog # 280-RA)

Neutralization
- Measured by its ability to neutralize IL-1ra/IL-1F3 inhibition of IL-1α/IL-1F1-dependent proliferation in the D10.G4.1 mouse helper T cell line. Symons, J.A. et al. (1987) in Lymphokines and Interferons, a Practical Approach. Clemens, M.J. et al. (eds): IRL Press. 272. The Neutralization Dose (ND50) is typically 10-20 µg/mL in the presence of 50 ng/mL Recombinant Human IL-1α/IL-1F3, 50 pg/mL Recombinant Human IL-1α/IL-1F1 and 1.25 µg/mL concanavalin A.

DATA

Neutralization

IL-1ra/IL-1F3 Inhibition of IL-1α/IL-1F1-dependent Cell Proliferation and Neutralization by Human IL-1ra/IL-1F3 Antibody. Recombinant Human IL-1α/IL-1F3 (Catalog # 280-RA) inhibits Recombinant Human IL-1α/IL-1F1 (Catalog # 280-LA) induced proliferation in the D10.G4.1 mouse helper T cell line in a dose-dependent manner (orange line). Inhibition of Recombinant Human IL-1α/IL-1F1 (50 pg/mL) activity elicited by Recombinant Human IL-1α/IL-1F3 (50 ng/mL) is neutralized (green line) by increasing concentrations of Human IL-1α/IL-1F3 Monoclonal Antibody (Catalog # MAB280). The ND50 is typically 10-20 µg/mL in the presence of concanavalin A (1.25 µg/mL).

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.

Stability & Storage: 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.

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

IL-1ra was originally isolated from the urine of patients with monocytic leukemia and has also been purified from adherent monocytes. The naturally occurring, fully glycosylated form has an apparent molecular weight of about 25,000 Daltons. The protein shows 26% amino acid homology to IL-1β and 19% homology to IL-1α. It will compete with either factor for receptor binding, but does not interact with either one. Human IL-1ra will bind to both types of IL-1 receptor (I and II) on human cells, but reportedly will not block binding to the type II receptor on murine pre-B cell lines. The recombinant, non-glycosylated form of IL-1ra blocks binding of IL-1 to its receptor equally as well as the naturally-occurring, glycosylated form. The IL-1ra has been shown to block the inflammatory responses induced by IL-1 both in vitro and in vivo. Currently, pre-clinical and clinical studies are underway to test possible therapeutic applications for IL-1ra in the treatment of sepsis, rheumatoid arthritis and chronic myelogenous leukemia.