Human IL-6 Antibody

Monoclonal Mouse IgG_1 Clone # 1039113

Catalog Number: MAB95401

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human IL-6 in direct ELISAs.
Source	Monoclonal Mouse IgG_1 Clone # 1039113
Purification	Protein A or G purified from hybridoma culture supernatant
Immunogen	*E. coli*-derived human IL-6 Pro29-Met212 Accession # Q75MH2
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.

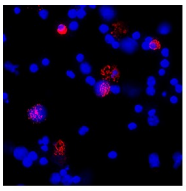
APPLICATIONS

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.*

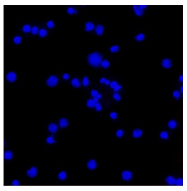
	Recommended Concentration	Sample
Immunocytochemistry	8-25 µg/mL	Immersion fixed human peripheral blood mononuclear cells (PBMCs) treated with PHA

DATA

Immunocytochemistry



Positive (hPBMC + PHA)



Negative (hPBMC)

IL-6 in Human PBMCs. IL-6 was detected in immersion fixed human peripheral blood mononuclear cells (PBMCs) treated with PHA (left panel; positive staining) and untreated PBMCs (right panel; negative control) using Mouse Anti-Human IL-6 Monoclonal Antibody (Catalog # MAB95401) at 8 µg/mL for 3 hours at room temperature. Cells were stained using the NorthernLights™ 557-conjugated Anti-Mouse IgG Secondary Antibody (red; Catalog # NL007) and counterstained with DAPI (blue). Specific staining was localized to cell surface. Staining was performed using our protocol for Fluorescent ICC Staining of Non-adherent Cells.

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	**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, α-helical, 22-28 kDa phosphorylated and variably glycosylated cytokine that plays important roles in the acute phase reaction, inflammation, hematopoiesis, bone metabolism, and cancer progression (1-5). Mature human IL-6 is 183 amino acids (aa) in length and shares 39% aa sequence identity with mouse and rat IL-6 (6). Alternative splicing generates several isoforms with internal deletions, some of which exhibit antagonistic properties (7-10). 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 Rα, triggering IL-6 Rα association with gp130 and gp130 dimerization (11). gp130 is also a component of the receptors for CLC, CNTF, CT-1, IL-11, IL-27, LIF, and OSM (12). Soluble forms of IL-6 Rα are generated by both alternative splicing and proteolytic cleavage (5). In a mechanism known as trans-signaling, complexes of soluble IL-6 and IL-6 Rα elicit responses from gp130-expressing cells that lack cell surface IL-6 Rα (5). 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 Rα is predominantly restricted to hepatocytes, monocytes, and resting lymphocytes (2, 5). Soluble splice forms of gp130 block trans-signaling from IL-6/IL-6 Rα but not from other cytokines that use gp130 as a co-receptor (5, 13). IL-6, along with TNF-α and IL-1, drives the acute inflammatory response and the transition from acute inflammation to either acquired immunity or chronic inflammatory disease (1-5). When dysregulated, it contributes to chronic inflammation in obesity, insulin resistance, inflammatory bowel disease, arthritis, sepsis, and atherosclerosis (1, 2, 5). IL-6 can also function as an anti-inflammatory molecule, as in skeletal muscle where it is secreted in response to exercise (2). In addition, it enhances hematopoietic stem cell proliferation and the differentiation of Th17 cells, memory B cells, and plasma cells (1, 14).

References:

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