



Mouse Anti Cholyglycine (CG) monoclonal antibody, clone CG (CABT-L6012)

This product is for research use only and is not intended for diagnostic use.

PRODUCT INFORMATION

Immunogen	Hybridoma clones have been derived from hybridization of myeloma cells with spleen cells of BALB/c mouse immunized with cholyglycine
Isotype	IgG
Source/Host	Mouse
Species Reactivity	Human
Clone	CG
Purification	Affinity purified
Conjugate	Unconjugated
Applications	ELISA, CLIA. Each laboratory should determine an optimum working titer for use in its particular application. Other applications have not been tested but use in such assays should not necessarily be excluded.
Format	Liquid
Concentration	Lot specific
Size	1 mg
Buffer	PBS with 0.1% proclin300
Preservative	No Azide
Storage	Store at 4°C short term. For long term storage, store at -20°C, avoiding freeze/thaw cycles.

BACKGROUND

Introduction

Serum Cholyglycine (Cholyglycine, CG) is one of the binding cholic acid combined by cholic acid and glycine, within the liver cells, cholesterol transformed into the primary bile acid through the extremely complex enzymatic reaction. Including cholic acid (CA) and chenodeoxycholic acid (CD - CA). there are three hydroxyl (C3, C7, C12) in the steroid nucleus of cholic acid, the hydroxyl at the end of side chains using peptide bonds with glycine, the molecular weight is 462u.

Under normal circumstances, the cholic acid content in the peripheral blood is very little, no matter on an empty stomach or after eating, the concentration of serum CG is stable at a low level of a normal adult. When the liver cell is damaged, liver cells' ability of absorbing CG will drop, cause the increase of the CG content in the serum; When the bile stasis, the liver's excretion of bile acid occurs disorder, and the CG content in the reflux circulated blood is increase, also makes the blood CG content increased.

Cholestasis syndrome during pregnancy (ICP), at present, the recognized index of ICP is CG values, which sensitivity is much higher than that of TBA, so at present's clinic, the TBA cannot replace CG at all.

Keywords

Cholyglycine; CG