Immunotag™ THP Polyclonal Antibody

Antibody Specification

Catalog No.	ITT4644
Product Description	Immunotag™ THP Polyclonal Antibody
Size	50 µg, 100 µg
Conjugation	HRP, Biotin, FITC, Alexa Fluor® 350, Alexa Fluor® 405, Alexa Fluor® 488, Alexa Fluor® 555, Alexa Fluor® 594, Alexa Fluor® 647
IMPORTANT NOTE	This product is custom manufactured with a lead time of 3-4 weeks. Once in production, this item cannot be cancelled from an order and is not eligible for return.
Target Protein	THP
Clonality	Polyclonal
Storage/Stability	-20°C/1 year
Application	WB,ELISA
Recommended Dilution	Western Blot: 1/500 - 1/2000. ELISA: 1/10000. Not yet tested in other applications.
Concentration	1 mg/ml
Reactive Species	Human
Host Species	Rabbit
Immunogen	The antiserum was produced against synthesized peptide derived from human THP. AA range:329-378
Specificity	THP Polyclonal Antibody detects endogenous levels of THP protein.
Purification	The antibody was affinity-purified from rabbit antiserum by affinity-chromatography using epitope-specific immunogen
Form	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.
Gene Name	UMOD
Accession No.	P07911 Q91X17
Alternate Names	UMOD; Uromodulin; Tamm-Horsfall urinary glycoprotein; THP

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Description	uromodulin(UMOD) Homo sapiens The protein encoded by this gene is the most abundant protein in mammalian urine under physiological conditions. Its excretion in urine follows proteolytic cleavage of the ectodomain of its glycosyl phosphatidylinositol-anchored counterpart that is situated on the luminal cell surface of the loop of Henle. This protein may act as a constitutive inhibitor of calcium crystallization in renal fluids. Excretion of this protein in urine may provide defense against urinary tract infections caused by uropathogenic bacteria. Defects in this gene are associated with the renal disorders medullary cystic kidney disease-2 (MCKD2), glomerulocystic kidney disease with hyperuricemia and isosthenuria (GCKDHI), and familial juvenile hyperuricemic nephropathy (FJHN). Alternative splicing of this gene results in multiple transcript variants. [provided by RefSeq, Jul 2013],
Protein Expression	Kidney,
Subcellular Localization	spindle pole,extracellular region,proteinaceous extracellular matrix,cilium,integral component of membrane,basolateral plasma membrane,apical plasma membrane,extrinsic component of membrane,anchored component of membrane,ciliary membrane,extracell
Protein Function	disease:Defects in UMOD are a cause of glomerulocystic kidney disease with hyperuricemia and isosthenuria [MIM:609886]. Glomerulocystic kidney disease (GCKD) and medullary cystic disease/familial juvenile hyperuricemic nephropathy (MCKD/HNFJ) are two distinct renal disorders that share some common clinical features. The former is characterized by a cystic dilatation of Bowman's space and a collapse of glomerular tuft. Familial GCKD can be associated with either hypoplastic or normal sized kidneys. A GCKD clinical variant presents the association with hyperuricemia due to low fractional excretion of uric acid and severe impairment of urine concentrating ability that are reminiscent of MCKD/HNFJ.,disease:Defects in UMOD are the cause of familial juvenile hyperuricemic nephropathy (HNFJ) [MIM:162000]. HNFJ is a heritable autosomal dominant renal disease characterized by juvenil onset of hyperuricaemia, polyuria, progressive renal failure, and gout. The disease is associated with interstitial pathological changes resulting in fibrosis.,disease:Defects in UMOD are the cause of medullary cystic kidney disease 2 (MCKD2) [MIM:603860]. MCKD2 and HNFJ constitute a group of heritable renal diseases with a common mode of transmission (autosomal dominant) and shared features including polyuria, hyperuricaemia, progressive renal failure, and gout. Both diseases are associated with interstitial pathological changes resulting in fibrosis. While corticomedullary cysts are well documented in MCKD2, their presence in HNFJ is not well documented. The primary clinical features of MCKD2 and HNFJ vary in presence and severity, complicating the diagnosis of these conditions, particularly in milder cases. Both diseases are considered to be allelic diseases.,function:Not known. May play a role in regulating the circulating activity of cytokines as it binds to IL-1, IL-2 and TNF with high affinity.,similarity:Contains 1 ZP domain.,similarity:Contains 3 EGF-like domains.,subcellular location:Secreted after cleavage in the urine.,tissue specificity:Synthesized by the kidneys and is the most abundant protein in normal human urine.,
Usage	For Research Use Only! Not for diagnostic or therapeutic procedures.