Normal Bovine IgG Control

Catalog Number: CR5

Quantity: 100ug, 500ug, 1mg, 10mg

General Information	
Antibody Type:	Bovine Polyclonal Antibody
Ig Type:	Bovine IgG
Applications:	ELISA, WB, IHC, IP
Specificity:	The purified antibody is not directed against any known antigen.
Formulation:	50mM Tris, 50mM NaCl, pH8.0
Storage:	2-8 °C
Source / purification:	The antibody was isolated from normal Bovine serum and purified by protein A.
Conjugation:	Unconjugated
Reactivity:	Bovine

Preparation

The antibody was isolated from normal Bovine serum and purified by protein A.

Applications

Western blot (WB) / Immunohistochemistry (IHC) / Immunoprecipitation (HP) / ELISA

Use the same concentration & immunoglobulin type as the specific test antibody.

Storage

This antibody can be stored at 2℃-8℃ for one month without detectable loss of activity. Antibody products are stable for twelve months from date of receipt when stored at -20℃ to -80℃. **Preservative-Free.**
Sodium azide is recommended to avoid contamination (final concentration 0.05%-0.1%). It is toxic to cells and should be disposed of properly. **Avoid repeated freeze-thaw cycles.**

Background

Normal Bovine IgG Control is essential for ELISA, WB, IHC and IP experiments. Their purpose is to verify that the proteins revealed in the experiment result from the specific interaction of the antibody with the antigen protein. Some people do use specific primary antibody alone but this does not consider of those proteins that may bind to regions of the IgG distinct from the antigen binding sites. The best control is to use isotype-matched IgG from the same species (Rabbit) for the experiment. That is an IgG control should have the same immunoglobulin type and be used at the same concentration as the specific detection antibody. Sino Biological has a very good selection of IgG controls and the quality is excellent

Reference

1. Amigorena S. et al., 1998, J Exp Med. 187 (4): 505-15.
2. Hurez V. et al., 1993, Eur J Immunol. 23 (4): 783-9.
3. Johnson RJ. et al., 1992, J Exp Med. 175 (5): 1413-6.