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[Marker Primary Antibody]

Rabbit Anti-RANK/AF647 Conjugated antibody

Catalog Number: SL2695R-AF647

FOR RESEARCH USE ONLY

[DATASHEET]

Host:	Rabbit
Isotype:	IgG
Clonality:	Polyclonal
Target:	Anti-RANK/AF647
Immunogen:	KLH conjugated synthetic peptide derived from human RANK C-terminus
Purification:	affinity purified by Protein A
Concentration:	1mg/ml
Storage:	Store at -20 °C for one year. Avoid repeated freeze/thaw cycles. The lyophilized antibody is stable at room temperature for at least one month and for greater than a year when kept at -20°C. When reconstituted in sterile pH 7.4 1M PBS or diluent of antibody the antibody is stable for at least two weeks at 2-4 °C.
Applications:	Flow-Cyt=1μg /test ICC/IF=1:100-500 not yet tested in other applications. optimal dilutions/concentrations should be determined by the end user.
Reactivity:	Human
Background:	background: CD265 is a member of the tumor necrosis factor receptor (TNFR) family. Human and murine CD265 share 81% amino acid identity in their extracellular domains. CD265 is widely expressed, with highest levels in skeletal muscle, thymus, liver, colon, small intestine and adrenal gland. CD265 is also expressed in dendritic cells. RANK and RANK ligand (RANKL) are important regulators of interactions between T cells and dendritic cells. RANK is the essential signaling receptor for osteoclast differentiation factor in osteoclastogenesis. Multiple tumor necrosis factor receptor-associated factors (TRAFs) are involved in the signaling of CD265. TRANCE (TNF-related activation-induced cytokines, also known as RANK ligand, osteoprotegerin ligand and osteoclast differentiation factor) is the ligand for CD265. The biological functions mediated by RANK include activation of NFkappaB and cjun N-terminal kinase, enhancement of T cell growth and dendritic cell function,

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	induction of osteoclastogenesis and lymph node organogenesis. The soluble form of CD265 is able to block TRANCE induced biological activity. The binding of anti-CD265 to cell surface CD265 triggers signal transduction and induces CD265 mediated bioactivity. **Function:** Receptor for TNFSF11/RANKL/TRANCE/OPGL; essential for RANKL-mediated osteoclastogenesis. Involved in the regulation of interactions between T-cells and dendritic cells. **Subcellular Location:** Membrane. **Tissue Specificity:** Ubiquitous expression with high levels in skeletal muscle, thymus, liver, colon, small intestine and adrenal gland. DISEASE: Defects in TNFRSF11A are the cause of familial expansile osteolysis (FEO) [MIM:174810]. FEO is a rare autosomal dominant bone disorder characterized by focal areas of increased bone remodeling. The osteolytic lesions develop usually in the long bones during early adulthood. FEO is often associated with early onset deafness and loss of dentition. Defects in TNFRSF11A are a cause of Paget disease of bone type 2 (PDB2) [MIM:602080]; also known as familial Paget disease of bone. PDB2 is a bone-remodeling disorder with clinical similarities to FEO. Unlike FEO, however, affected individuals have involvement of the axial skeleton with lesions in the spine, pelvis and skull. **Similarity:** Contains 4 TNFR-Cys repeats. **Database links:** **Entrez Gene:** 8792 Human Omim: 603499 Human **SwissProt:** Q9Y6Q6 Human **Unigene:** 204044 Human Important **Note:** This product as supplied is intended for research use only, not for use in human, therapeutic or diagnostic applications.