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# anti-Streptavidin antibody

3

## **Publications**



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| Quantity:    | 10 mg                                       |  |
|--------------|---|--|
| Target:      | Streptavidin                                |  |
| Reactivity:  | Streptomyces avidinii                       |  |
| Host:        | Rabbit                                      |  |
| Clonality:   | Polyclonal                                  |  |
| Conjugate:   | This Streptavidin antibody is un-conjugated |  |
| Application: | ELISA, Western Blotting (WB)                |  |

### **Product Details**

| Immunogen:    | Purified recombinant streptavidin                  |
|---------------|--|
| Isotype:      | IgG  |
| Specificity:  | Streptavidin Antibody is specific to streptavidin. |
| Purification: | Protein G chromatography                           |

## **Target Details**

| Target:     | Streptavidin   |  |
|-------------|--|--|
| Abstract:   | Streptavidin Products  |  |
| Background: | Streptavidin is a tetrameric protein from Streptomyces avidinii that binds very tightly to the   |  |
|             | vitamin biotin with a Kd of almost equal to 10-14 mol/L. The high-affinity recognition of biotin |  |
|             | and biotinylated molecules has made streptavidin one of the most important components in         |  |
|             | diagnostics and laboratory kits. Streptavidin Antibody is developed in rabbit using purified     |  |

| Streptavidin | and highly r | jurified from    | rabbit | antiserum    | by protein | G resin     |
|--------------|--------------|------------------|--------|--------------|------------|-------------|
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### **Application Details**

#### Application Notes:

Working concentrations for specific applications should be determined by the investigator. The appropriate concentrations may be affected by secondary antibody affinity, antigen concentration, the sensitivity of the method of detection, temperature, the length of the incubations, and other factors. The suitability of this antibody for applications other than those listed below has not been determined. The following concentration ranges are recommended starting points for this product. ELISA:  $0.5-1 \mu g/mL$  Dot blot:  $0.5-1 \mu g/mL$  Western blot:  $0.5-1 \mu g/mL$  Other applications: user-

ELISA: 0.5-1  $\mu$ g/mL Dot blot: 0.5-1  $\mu$ g/mL Western blot: 0.5-1  $\mu$ g/mL Other applications: user-optimized

#### Restrictions:

For Research Use only

Lvophilized

#### Handling

Format:

| 1 office.          | Lyophinzed   |  |  |
|--------------------|--|--|--|
| Buffer:            | PBS, pH7.4, containing 0.02 % sodium azide   |  |  |
| Preservative:      | Sodium azide   |  |  |
| Precaution of Use: | WARNING: Reagents contain sodium azide. Sodium azide is very toxic if ingested or inhaled. Avoid contact with skin, eyes, or clothing. Wear eye or face protection when handling. If skin or eye contact occurs, wash with copious amounts of water. If ingested or inhaled, contact a physician immediately. Sodium azide yields toxic hydrazoic acid under acidic conditions. Dilute azide-containing compounds in running water before discarding to avoid accumulation of potentially explosive deposits in lead or copper plumbing. |  |  |
| Storage:           | 4 °C/-20 °C  |  |  |
| Storage Comment:   | The antibody is stable in lyophilized form if stored at -20°C or below. The reconstituted antibody can be stored for 2-3 weeks at 2-8°C. For long term storage, aliquot and store at -20°C or below. Avoid repeated freezing and thawing cycles.   |  |  |

#### **Publications**

Product cited in:

Wang, Luo, Che, Li, Gao, Yang, Zhou, Gao, Wang, Liang, Zhang: "Placental protein 14 as a potential biomarker for diagnosis of preterm premature rupture of membranes." in: **Molecular medicine reports**, Vol. 18, Issue 1, pp. 113-122, (2018) (PubMed).

Zhang, Abudula, Awuti, Wang, Aihemaiti, Tusung, Sulaiman, Upur: "Plasma proteins as potential targets of abnormal Savda syndrome in asthma patients treated with unique Uighur prescription." in: **Experimental and therapeutic medicine**, Vol. 14, Issue 1, pp. 267-275, (2017) (PubMed).