

Mouse Anti-Thrombospondin 1 [A6.1]: MC0982, MC0982RTU7

Intended Use: For Research Use Only

Description: The Thrombospondin proteins (TSP 1-4) compose a family of glycoproteins that are involved in cell-to-cell and cell-to-matrix signaling. These extracellular, cell-surface proteins form complexes of both homo- and heteromultimers. Thrombospondins play a role in development, aggregation of platelets, adhesion and migration of cells and progression of cells through the growth cycle. Thrombospondin 1 is released from platelets in response to Thrombin stimulation and is a transient component of the extracellular matrix of developing and repairing tissues. Thrombospondin 2 shares a high degree of homology with TSP 1, and is thought to have overlapping but unique functions. Thrombospondin 3 is a developmentally regulated heparin binding protein. Thrombospondin 4 is neuronally expressed and stimulates neurite outgrowth.

Specifications

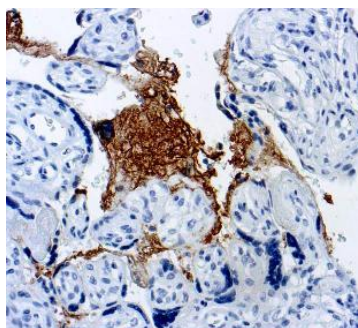
Clone:	A6.1
Source:	Mouse
Isotype:	IgG1
Reactivity:	Human, mouse, rat, sheep, horse, cow, dog, pig
Immunogen:	Reduced and alkylated human Thrombospondin 1
Localization:	Membrane
Formulation:	Antibody in PBS pH7.4, containing BSA and $\leq 0.09\%$ sodium azide (NaN ₃)
Storage:	Store at 2° - 8°C
Applications:	IHC, ICC/IF, IP, WB
Package:	

Description	Catalog No.	Size
Thrombospondin 1 Concentrated	MC0982	1 ml
Thrombospondin 1 Prediluted	MC0982RTU7	7 ml

IHC Procedure

Positive Control Tissue:	Tonsil
Concentrated Dilution:	50-200
Pretreatment:	Citrate pH6.0 or EDTA pH8.0, 15 min Pressure Cooker, or 30-60 min water bath at 95°-99°C
Incubation Time and Temp:	30-60 minutes @ RT
Detection:	Refer to the detection system manual

* Result should be confirmed by an established diagnostic procedure.



FFPE human placenta stained with anti-Thrombospondin 1 using DAB

References:

1. CG223, a novel BET inhibitor, exerts TGF- β 1-mediated antifibrotic effects in a murine model of bleomycin-induced pulmonary fibrosis. Shunya Kaneshita, et al., Pulm Pharmacol Ther. Oct;70:102057, 2021.
2. Application of transcutaneous carbon dioxide improves capillary regression of skeletal muscle in hyperglycemia. Tomohiro Matsumoto, et al., J Physiol Sci. Mar;69(2):317-326, 2019.