

Rabbit anti-Rhesus DcR2/TRAIL R4 Polyclonal Antibody | anti-TNFRSF10D antibody

Anti-DcR2/TRAIL R4 Antibody, Rabbit Polyclonal

CATALOG # AAA257356	HOST Rabbit	REACTIVITY Rhesus	APPLICATIONS Immunohistochemistry, ELISA
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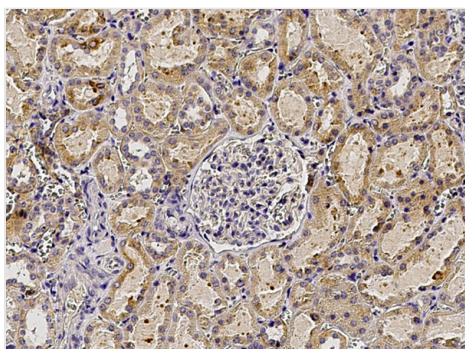
PRODUCT SYNONYMS

DcR2/TRAIL R4; Polyclonal Antibody; Anti-DcR2/TRAIL R4 Antibody; Rabbit Polyclonal; TRAIL R4/CD264/TNFRSF10D Antibody; Rabbit PAb; Antigen Affinity Purified; tumor necrosis factor receptor superfamily; member 10d; decoy with truncated death domain; anti-TNFRSF10D antibody

PRODUCT SPECIFICATIONS

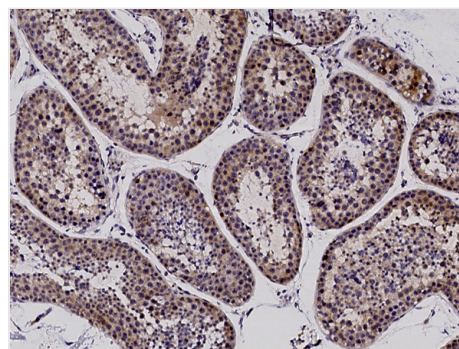
Host	Rabbit
Reactivity	Rhesus
Clonality	Polyclonal
Isotype	Rabbit IgG
Specificity	Rhesus TRAIL R4/CD264/TNFRSF10D
Purity/Purification	Protein A & Antigen Affinity
Form/Format	Liquid; 0.2um filtered solution in PBS
Applicable Applications for anti-TNFRSF10D antibody	IHC (Immunohistochemistry), ELISA
Immunogen	Recombinant Rhesus TRAIL R4/CD264/TNFRSF10D protein
Conjugation	Unconjugated
Preparation	Produced in rabbits immunized with purified, recombinant Rhesus TRAIL R4/CD264/TNFRSF10D. TRAIL R4/CD264/TNFRSF10D specific IgG was purified by Rhesus TRAIL R4/CD264/TNFRSF10D affinity chromatography.
Preparation and Storage	This antibody can be stored at 2-8 degree C for one month without detectable loss of activity. Antibody products are stable for twelve months from date of receipt when stored at -20 degree C to -80 degree C. Preservative-Free. Avoid repeated freeze-thaw cycles.

IMAGES



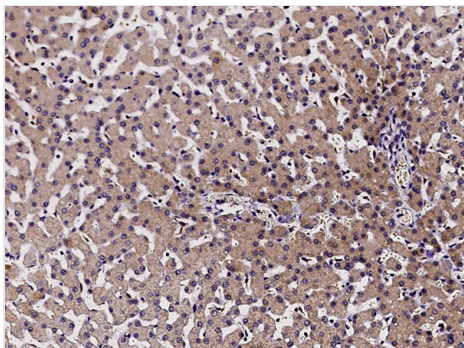
IHC (Immunohistochemistry)

Immunochemical staining of Rhesus TNFRSF10D in human kidney with rabbit polyclonal antibody (1:1000, formalin-fixed paraffin embedded sections).



IHC (Immunohistochemistry)

Immunochemical staining of Rhesus TNFRSF10D in Rhesus testis with rabbit polyclonal antibody (1:1000, formalin-fixed paraffin embedded sections).



IHC (Immunohistochemistry)
 Immunochemical staining of Rhesus TNFRSF10D in Rhesus liver with rabbit polyclonal antibody (1:1000, formalin-fixed paraffin embedded sections).

ADDITIONAL INFORMATION

Related Product Information for anti-TNFRSF10D antibody	Tumor necrosis factor receptor superfamily member 10D (TNFRSF10D), also known as TNF-related apoptosis-inducing ligand receptor 4 (TRAIL R4), CD264, and Decoy receptor 2, is a member of the TNF-receptor superfamily. This receptor contains an extracellular TRAIL-binding domain, a transmembrane domain, and a truncated cytoplasmic death domain. This receptor does not induce apoptosis, and has been shown to play an inhibitory role in TRAIL-induced cell apoptosis. TRAIL R4/CD264/TNFRSF10D is widely expressed, in particular in fetal kidney, lung and liver, and in adult testis and liver. TRAIL R4/CD264/TNFRSF10D is also expressed in peripheral blood leukocytes, colon and small intestine, ovary, prostate, thymus, spleen, pancreas, kidney, lung, placenta and heart. The signaling capacity of TRAIL R4 is similar to that of TRAIL R1 and TRAIL R2 with respect to NF-kappaB activation, but differs in its inability to induce apoptosis. TRAIL R4 retains a C-terminal element containing one third of a consensus death domain motif. Transient overexpression of TRAIL R4 in cells normally sensitive to TRAIL-mediated killing confers complete protection, suggesting that one function of TRAIL R4 may be inhibition of TRAIL cytotoxicity.
Product Categories/Family for anti-TNFRSF10D antibody	Death Receptor Signaling
References	Degli-Esposti MA, et al. (1997) The novel receptor TRAIL-R4 induces NF-kappaB and protects against TRAIL-mediated apoptosis, yet retains an incomplete death domain. <i>Immunity</i>. 7(6): 813-20. Meng RD, et al. (2000) The TRAIL decoy receptor TRUNDD (DcR2, TRAIL-R4) is induced by adenovirus-p53 overexpression and can delay TRAIL-, p53-, and KILLER/DR5-dependent colon cancer apoptosis. <i>Mol Ther</i>. 1(2): 130-44. Bouralexis S, et al. (2003) Progressive resistance of BTK-143 osteosarcoma cells to Apo2L/TRAIL-induced apoptosis is mediated by acquisition of DcR2/TRAIL-R4 expression: resensitisation with chemotherapy. <i>Br J Cancer</i>. 89(1): 206-14.

For Research Use Only. Not for use in diagnostic or therapeutic procedures. Small volumes of product may become entrapped in the seal of the vial during shipment and storage; if necessary, briefly centrifuge the vial on a tabletop centrifuge to dislodge any liquid in the cap.