

Product datasheet for **BP1001**

Aspergillus Rabbit Polyclonal Antibody

Product data:

Product Type:	Primary Antibodies
Applications:	ELISA, IF, IHC
Recommended Dilution:	ELISA. Immunofluorescence. Immunohistochemistry on Frozen Sections.
Host:	Rabbit
Clonality:	Polyclonal
Immunogen:	Soluble extract from <i>A. fumigatus</i> , <i>A. flavus</i> , <i>A. niger</i> and <i>A. terreus</i> .
Specificity:	This antibody reacts with soluble proteins from common <i>Aspergillus species</i> . The antibody has not been adsorbed and may react with related microorganisms.
Formulation:	PBS, pH 7.2 containing 0.09% Sodium Azide as preservative State: Ig Fraction State: Liquid purified IgG fraction
Concentration:	lot specific
Conjugation:	Unconjugated
Storage:	Store the antibody undiluted at 2-8°C for one month or (in aliquots) at -20°C longer. Avoid repeated freezing and thawing.
Stability:	Shelf life: one year from despatch.



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Background:

The genus *Aspergillus* includes over 185 species. Around 20 species have been reported as causative agents of opportunistic infections in humans. Among these, *Aspergillus fumigatus* is the most commonly isolated species, followed by *Aspergillus flavus*. *Aspergillus fumigatus* is the major cause of aspergillosis. This organism causes both invasive and allergic aspergillosis. *Aspergillus* also produce fungal toxins called mycotoxins. Aflatoxin is produced by *Aspergillus flavus* as it grows on corn and peanuts. The toxin is poisonous to humans by ingestion and causes liver disease. *Aspergillus nidulans* can produce the mycotoxin sterigmatocystin. This toxin has been shown to produce liver and kidney damage in lab animals. *Aspergillus ochraceus*, found in grains, soil and salted food products can produce a kidney toxin called ochratoxin A, which may produce ochratoxicosis in humans. Ochratoxin may also be produced by other *aspergillus* and *penicillium* species. Other toxins that can be produced by this fungus include penicillic acid, xanthomegnin and viomellein. *Aspergillus* infections have a very high mortality rate. Their incidence is growing because of the increased number of immunocompromised patients. Previous to antibodies such as these, special stains were used to identify *aspergillus*.