

Product datasheet for **DM1004**

Serum Amyloid A (SAA1) Mouse Monoclonal Antibody [Clone ID: 607]

Product data:

Product Type:	Primary Antibodies
Clone Name:	607
Applications:	ELISA, WB
Recommended Dilution:	ELISA: Matched Pair: Clone 607 (Cat.-No DM1004) / Clone 115 (Cat.-No DM1002). Western Blot: 0.1-0.5 µg will allow visualization of 100 ng/lane of recombinant human SAA.
Reactivity:	Human
Host:	Mouse
Isotype:	IgG2a
Clonality:	Monoclonal
Immunogen:	Highly Purified recombinant Human SAA (MW: 12kDa)
Specificity:	Reacts with natural and recombinant Human SAA. Does not show any cross-reaction with other Human cytokines or growth factors tested such as IL-1β, IL-8, MCAF, TGF-β and EGF.
Formulation:	0.01M PBS, pH 7.2 State: Purified State: Lyophilized purified IgG fraction
Reconstitution Method:	Restore with Double distilled water is recommended, adjust the final concentration to 1.0 mg/ml
Purification:	Affinity Chromatography on Protein G
Conjugation:	Unconjugated
Storage:	Store lyophilized at 2-8°C for 6 months or at -20°C long term. After reconstitution store the antibody undiluted at 2-8°C for one month or (in aliquots) at -20°C long term. Avoid repeated freezing and thawing.
Stability:	Shelf life: one year from despatch.
Gene Name:	serum amyloid A1
Database Link:	Entrez Gene 6288 Human P0DJ18



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Background:

The serum amyloid A (SAA) family comprises a number of differentially expressed lipoproteins, acute phase SAA1 and SAA2, the former being a major component in plasma, and constitutive SAA's (C-SAAs). Although the liver is the primary site of synthesis of both SAA types, extrahepatic production has been reported. The in vivo concentrations increase by as much as 1000 fold during inflammation. Several studies have expressed its importance in the diagnosis and monitoring of various diseases. Pathological SAA values are often detected in association with normal CRP concentrations. SAA rises earlier and more sharply than CRP. SAA enhances the binding of HDL's to macrophages and thus helps the delivery of lipid to sites of injury for use in tissue repair. It is thus thought to be an integral part of the disease process. In addition, recent experiments suggest that SAA may play a "housekeeping" role in normal human tissues. Elevated levels of SAA over time predispose secondary amyloidosis, extracellular accumulation of amyloid fibrils, derived from a circulating precursor, in various tissues and organs. The most common form of amyloidosis occurs secondary to chronic inflammatory disease, particularly rheumatoid arthritis.

Synonyms:

SAA1, SAA2