

Product datasheet for **DP2004**

Adiponectin (ADIPOQ) Rabbit Polyclonal Antibody

Product data:

Product Type:	Primary Antibodies
Applications:	WB
Recommended Dilution:	Western Blot.
Reactivity:	Human
Host:	Rabbit
Clonality:	Polyclonal
Immunogen:	The immunization antigen (26.4 kDa) is a protein containing 242 AA of recombinant Human Adiponectin. N-Terminal His-tag, 12 extra AA (highlighted).
Specificity:	The antibody was raised in rabbits by immunization with the recombinant Adiponectin.
Formulation:	0.05M phosphate buffer, 0.1M NaCl, pH 7.2 State: Azide Free State: Lyophilized purified IgG fraction Preservative: None
Reconstitution Method:	Restore with 0.1 ml of deionized water and let and let the lyophilized pellet dissolve completely. Slight turbidity may occur after reconstitution, which does not affect activity of the antibody. In this case clarify the solution by centrifugation.
Purification:	Immunoaffinity Chromatography on a column with immobilized recombinant Human Adiponectin
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:	adiponectin, C1Q and collagen domain containing
Database Link:	Entrez Gene 9370 Human Q15848



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Background:

Adiponectin, also referred to as Acrp30, AdipoQ and GBP-28, is a recently discovered 244 aminoacid protein, the product of the apM1 gene, which is physiologically active and specifically and highly expressed in adipose cells. The protein belongs to the soluble defence collagen superfamily; it has a collagen-like domain structurally homologous with collagen VIII and X and complement factor C1q-like globular domain. Adiponectin forms homotrimers, which are the building blocks for higher order complexes found circulating in serum. Together, these complexes make up approximately 0.01% of total serum protein. Adiponectin receptors AdipoR1 and AdipoR2 have been recently cloned; AdipoR1 is abundantly expressed in skeletal muscle, whereas AdipoR2 is predominantly expressed in the liver. Paradoxically, adipose tissue-expressed adiponectin levels are inversely related to the degree of adiposity. Adiponectin concentrations correlate negatively with glucose, insulin, triglyceride concentrations, liver fat content and body mass index and positively with high-density lipoproteincholesterol levels, hepatic insulin sensitivity and insulin-stimulated glucose disposal. Adiponectin has been shown to increase insulin sensitivity and decrease plasma glucose by increasing tissue fat oxidation. Of particular interest is that low adiponectin serum levels predict type 2 diabetes independent of other risk factors. Adiponectin also inhibits the inflammatory processes of atherosclerosis suppressing the expression of adhesion and cytokine molecules in vascular endothelial cells and macrophages, respectively. This adipokine plays a role as a scaffold of newly formed collagen in myocardial remodelling after ischaemic injury and also stimulates angiogenesis by promoting cross-talk between AMP-activated protein kinase and Akt signalling in endothelial cells. Low serum adiponectin levels are found in patients with coronary artery disease. Moreover, high circulating levels of adiponectin are associated with decreased risk of myocardial infarction, independent of other factors. Altogether, adiponectin has the potential to become a clinically relevant parameter to be measured routinely in subjects at risk for type 2 diabetes, atherosclerosis and the metabolic syndrome.

Synonyms:

ADIPOQ, ACDC, ACRP30, APM1, GBP28