

Normal Goat IgG Control

Catalog Number: CR2

Quantity: 100ug, 500ug, 1mg, 10mg



Sino Biological
Biological Solution Specialist

General Information

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| Antibody Type: | Goat Polyclonal Antibody |
| Ig Type: | Goat IgG |
| Applications: | ELISA, WB, IHC, IP |
| Specificity: | The purified antibody is not directed against any known antigen. |
| Formulation: | 140mM NaCl, 2.7mM KCl, 10mM Na ₂ HPO ₄ , 1.8mMKH ₂ PO ₄ , pH7.4 |
| Storage: | 2-8 °C |
| Source / purification: | The antibody was isolated from normal goat serum and purified by protein A. |
| Conjugation: | Unconjugated |
| Reactivity: | Goat |

Preparation

The antibody was isolated from normal goat serum and purified by protein A.

Applications

Western blot (WB) / Immunohistochemistry (IHC) / Immunoprecipitation (IP) / ELISA

Use the same concentration & immunoglobulin type as the specific test antibody.

Storage

This antibody can be stored at 2°C-8°C for one month without detectable loss of activity.

Antibody products are stable for twelve months from date of receipt when stored at -20°C to -80°C. **Preservative-Free.**

Sodium azide is recommended to avoid contamination (final concentration 0.05%-0.1%). It is toxic to cells and should be disposed of properly. **Avoid repeated freeze-thaw cycles.**

Background

Normal Goat IgG Control is essential for ELISA, WB, IHC and IP experiments. Their purpose is to verify that the proteins revealed in the experiment result from the specific interaction of the antibody with the antigen protein. Some people do use specific primary antibody alone but this does not consider of those proteins that may bind to regions of the IgG distinct from the antigen binding sites. The best control is to use isotype-matched IgG from the same species (Goat) for the experiment. That is an IgG control should have the same immunoglobulin type and be used at the same concentration as the specific detection antibody. Sino Biological has a very good selection of IgG controls and the quality is Excellent

Reference

1. Amigorena S. et al., 1998, J Exp Med. 187 (4): 505-15.
2. Hurez V. et al., 1993, Eur J Immunol. 23 (4): 783-9.
3. Johnson R.J. et al., 1992, J Exp Med. 175 (5): 1413-6.

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