



## RABBIT ANTI- OREXIN-2 RECEPTOR AFFINITY PURIFIED POLYCLONAL ANTIBODY

**CATALOG NUMBER:** AB3094

**LOT NUMBER:** XXXXXXXX

**QUANTITY:** 50 µg

**CONCENTRATION:** 1.0 mg/mL

**SPECIFICITY:** Orexin-2. Several peptides associated with feeding behavior have been reported recently. Orexins (Orexin-A and Orexin-B) are a family of hypothalamic neuropeptides selectively expressed in the hypothalamus (1). Orexin-A and Orexin-B are derived from the same precursor (Prepro-orexin) by proteolytic cleavage. Prepro-orexin is a 130 aa peptide with a putative 33 aa secretory sequence, a hydrophobic core followed by residues with small polar side chains. The expression was detected in brain and to a small extent in testis (1). These neuropeptides bind and activate two closely related Orexin receptors--G protein coupled receptors (GPCRs) OX1R and OX2R.

**IMMUNOGEN:** A 19 amino acid peptide near the C-terminus of rat OX2R.

**APPLICATIONS:** Western blot: 1-10 µg/mL using Chemiluminescence technique  
ELISA: 1:10,000 - 100,000 using 50-100 ng of control peptide (AG794)/well.  
Immunohistochemistry: Not tested. A concentration of 2-20 µg/mL is recommended.  
Optimal working dilutions must be determined by end user.

**SPECIES REACTIVITIES:** Rat. Reactivity with other species has not been confirmed. The antibody is also expected to react with mouse (94%) and possibly human/canine (84%) due to sequence homology of the immunogen peptide.

**FORMAT:** Affinity purified immunoglobulin.

**PRESENTATION:** Liquid in PBS and 0.1% BSA

**STORAGE/HANDLING:** Maintain frozen at -20°C in undiluted aliquots for up to 6 months after date of receipt.  
Avoid repeated freeze/thaw cycles.

**RELATED REFERENCES:**

1. Sakurai, T et al. (1998) *Cell*. **92**:573-585.
2. DeLecca, L et al. (1998) *PNAS*. **95**:322-327.
3. Wu, M. et al. (2002) *J. Neuroscience* **22**:7754-7765.

**Important Note:** *During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For products with volumes of 200 µL or less, we recommend gently tapping the vial on a hard surface or briefly centrifuging the vial in a tabletop centrifuge to dislodge any liquid in the container's cap.*



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