



## RABBIT ANTI-VESICULAR MONOAMINE TRANSPORTER 2 AFFINITY PURIFIED, POLYCLONAL ANTIBODY

- CATALOG NO:** AB1598P
- LOT NUMBER:**
- QUANTITY:** 50 µg
- CONCENTRATION:** 1.0 mg/mL
- SPECIFICITY:** Vesicular Monoamine Transporter 2 (VMAT2). An antibody made to the C-terminal VMAT2 peptide detected a major band at ~55 kDa in postnuclear supernatants of CHO transfected with VMAT2 and not in wild type cells (2). Some additional bands, both higher and lower molecular weight, were also detected and remain unaffected by the inclusion of protease inhibitors. Higher molecular weight bands may represent glycosylated VMAT2 (2,3). VMAT2 has been localized in adrenal chromaffin cells, sympathetic ganglion cells, enterochromaffin-like cells of the stomach and in CNS (2,5).
- IMMUNOGEN:** A 13 amino acid C-terminal peptide sequence from rat VMAT2 (1). This peptide is predicted to be cytoplasmic.
- APPLICATIONS:** Western blot: 1-10 µg/mL (Chemiluminescence technique)  
Immunohistochemistry: 1-20 µg/mL on paraformaldehyde fixed sections.  
ELISA: 0.5-1.0 µg of VMAT1 peptide (Cat. Number AG251)/well  
Optimal working dilutions must be determined by end user.
- SPECIES REACTIVITIES:** Rat. May recognize human due to the 92% homology between rat and human VMAT2 (4).
- FORMAT:** Affinity purified immunoglobulin
- PRESENTATION:** Liquid in PBS with 0.1% BSA.
- STORAGE/HANDLING:** Maintain at -20°C in undiluted aliquots for up to 6 months after date of receipt. Avoid repeated freeze/thaw cycles.
- RELATED REFERENCES:** 1) *Cell* (1992) **70**:539-551; *PNAS* (1992) **89**:10993-10997.  
2) *J. Neurosci.* (1995) **15**:6179-6188; *PNAS* (1995) **92**:8773-8777.  
3) *J. Cell Biol.* (1994) **127**:1419-1433.  
4) *FEBS Lett.* (1993) **318**:325-330; *J Neurochem.* (1993) **61**:2314-2317.  
5) *J. Neurosci.* (1996) **16**:4135-4145.  
6) *PNAS* (1996) **93**:5166-5171.

**Important Note:** During shipment, small volumes of antibody will occasionally become entrapped in the seal of the product vial. For antibodies 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.

*For research use only; not for use as a diagnostic.*

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