

Nur77 Monoclonal Antibody (12.14), eFluor™ 450, eBioscience™

Product Details

Size	100 µg
Species Reactivity	Mouse
Host/Isotype	Mouse / IgG1, kappa
Recommended Isotype Control	Mouse IgG1 kappa Isotype Control (P3.6.2.8.1), eFluor™ 450, eBioscience™
Class	Monoclonal
Type	Antibody
Clone	12.14
Conjugate	eFluor™ 450
Excitation/Emission Max	405/445 nm
Form	Liquid
Concentration	0.2 mg/mL
Purification	Affinity chromatography
Storage buffer	PBS, pH 7.2
Contains	0.09% sodium azide
Storage conditions	4° C, store in dark, DO NOT FREEZE!
RRID	AB_2811828

Applications	Tested Dilution	Publications
Immunocytochemistry (ICC/IF)	-	1 Publication
Flow Cytometry (Flow)	1.0 µg/test	4 Publications

Product Specific Information

Description: This 12.14 monoclonal antibody reacts with mouse Nur77 (also known as NR4A1, TR3, NGFI-B, or NAK1), an inducible orphan nuclear receptor. Expressed in thymocytes and T cell lines, Nur77 promotes apoptosis and plays a role in thymocyte negative selection. Additionally, Nur77 has been shown to be critical for steroid biosynthesis in Leydig cells as well as for the effects of dopamine. In addition, Nur77 has been shown to interact with FoxP3 in regulatory T cells. However, our results with this antibody do not correlate with this observation.

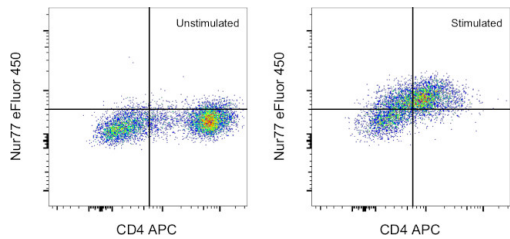
Applications Reported: This 12.14 antibody has been reported for use in intracellular staining followed by flow cytometric analysis.

Applications Tested: This 12.14 antibody has been tested by intracellular staining followed by flow cytometric analysis of stimulated mouse thymocytes using the Foxp3/Transcription Factor Staining Buffer Set (Product # 00-5523-00) and protocol. Please refer to "Staining Intracellular Antigens for Flow Cytometry, Protocol B: One step protocol for intracellular (nuclear) proteins" located at www.thermofisher.com/flowprotocols. This may be used at less than or equal to 1.0 µg per test. A test is defined as the amount (µg) of antibody that will stain a cell sample in a final volume of 100 µL. Cell number should be determined empirically but can range from 10⁵ to 10⁸ cells/test. It is recommended that the antibody be carefully titrated for optimal performance in the assay of interest.

eFluor 450 is an alternative to Pacific Blue. eFluor 450 emits at 446 nm and is excited with the violet laser line (405 nm). Please make sure that your instrument is capable of detecting this fluorochrome.

Excitation: 405 nm; Emission: 445 nm; Laser: Violet Laser

Product Images For Nur77 Monoclonal Antibody (12.14), eFluor™ 450, eBioscience™



Nur77 Antibody (48-5965-82) in Flow
C57BL/6 mouse thymocytes were unstimulated (left) or stimulated for 3 hours with the Cell Stimulation Cocktail (Product # 00-4970-93) (right). Cells were then stained intracellularly, using the Foxp3/Transcription Factor Staining Buffer Set (Product # 00-5523-00) and protocol, with CD4 Monoclonal Antibody, APC (Product # 17-0042-82) and 1.0 µg of Nur77 Monoclonal Antibody, eFluor 450. Total viable cells were used for analysis, as determined by Fixable Viability Dye eFluor 506 (Product # 65-0866-18).

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5 References

Immunocytochemistry (1)

Nature communications	Year 2021
Phase separation of Nur77 mediates celastrol-induced mitophagy by promoting the liquidity of p62/SQSTM1 condensates.	
"Published figure using Nur77 monoclonal antibody (Product # 48-5965-82) in Immunocytochemistry"	
Authors: Peng SZ,Chen XH,Chen SJ,Zhang J,Wang CY,Liu WR,Zhang D,Su Y,Zhang XK	

Flow Cytometry (4)

eLife	Year 2021
T cell self-reactivity during thymic development dictates the timing of positive selection.	
"Published figure using Nur77 monoclonal antibody (Product # 48-5965-82) in Flow Cytometry"	
Authors: Lutes LK,Steier Z,McIntyre LL,Pandey S,Kaminski J,Hoover AR,Ariotti S,Streets A,Yosef N,Robey EA	

Cell reports. Medicine	Year 2020
Developing Human Skin Contains Lymphocytes Demonstrating a Memory Signature.	
"Published figure using Nur77 monoclonal antibody (Product # 48-5965-82) in Flow Cytometry"	
Authors: Dhariwala MO,Karthikeyan D,Vasquez KS,Farhat S,Weckel A,Taravati K,Leitner EG,Clancy S,Pauli M,Piper ML,Cohen JN,Ashouri JF,Lowe MM,Rosenblum MD,Scharschmidt TC	

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