## PerCP/Cy5.5 anti-mouse IL-33Rα (IL1RL1, ST2)

Catalog # / Size: 1326555 / 25 μg

1326560 / 100 µg

Clone: DIH9

Isotype: Rat IgG2a, κ

**Immunogen:** IL-33R $\alpha$ -hFc $\gamma$ 1 fusion protein.

Reactivity: Mouse

**Preparation:** The antibody was purified by affinity

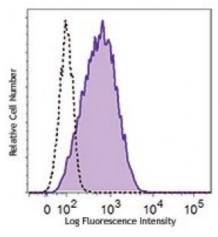
chromatography and conjugated with PerCP/Cy5.5 under optimal conditions. The solution is free of unconjugated PerCP/Cy5.5 and unconjugated

antibody.

Formulation: Phosphate-buffered solution, pH 7.2,

containing 0.09% sodium azide.

Concentration: 0.2



Mouse Th2 cells (cell line D10.G4.1) was stained with anti-mouse IL-33R $\alpha$ /ST2 (clone DIH9) PerCP/Cy5.5 (filled histogram) or rat IgG2a,  $\kappa$  PerCP/Cy5.5 isotype control (open histogram).

## **Applications:**

**Applications:** Flow Cytometry

Recommended

**Usage:** 

Each lot of this antibody is quality control tested by immunofluorescent staining with flow cytometric analysis. For flow cytometric staining, the suggested use of this reagent is ≤1.0 microg per million cells in 100 microL volume. It is

this reagent is ≤1.0 microg per million cells in 100 microL volume. It is recommended that the reagent be titrated for optimal performance for each

application.

\* PerCP/Cy5.5 has a maximum absorption of 482 nm and a maximum emission of

690 nm.

Application References:

1. Hashiguchi M, et al. 2014. Eur. J. Immunology. (FC) PubMed

 $\textbf{Description:} \quad \text{IL-33R}\alpha \text{, also known as ST2 or IL-1RL1, is a member of the Toll/IL-1 receptor}$ 

family. It binds IL-33 and is structurally similar to IL-1R1. Two forms of the protein exist - a soluble form known as ST2 and a membrane anchored form known as ST2L. The membrane form is expressed by Th2 cells and bone marrow derived mast cells, whereas the soluble form is expressed by serum-stimulated

fibroblasts.

Blocking with anti-ST2 antibodies has been shown to alleviate experimental arthritis and airway inflammation. The IL-33-ST2 axis has been reported to be important across a range of diseases including asthma, allergies, and cardiac

disease.

Antigen References:

1. Yanagisawa K, et al. 1993. FEBS Lett. 318:83.

2. Schmitt E, et al. 1990. Cytokine 6:407.

3. Yanagisawa K, et al. 1992. FEBS Lett. 302:51.

4. Takagi T, et al. 1993.