BACKGROUND
Morphine, the most powerful opiate analgesic drug in opium, acts directly on synapses of the arcuate nuclei within the central nervous system to relieve pain. It is a highly addictive drug, to which tolerance as well as physical and psychological dependences quickly develop. Administered as intravenous, subcutaneous or epidural injections, Morphine creates an profound contraction sensation in the muscles due to histamine release and also produces a “rush” mediated by different receptors in the central nervous system. Morphine is a phenanthrene opioid receptor agonist. By binding to µ opioid receptors within the central nervous system associated with analgesia, sedation, physical dependence and respiratory depression, the euphoric effects of Morphine are quickly followed by withdrawal symptoms.

REFERENCES

SOURCE
Morphine (BDI263) is a mouse monoclonal antibody raised against Morphine-BTG.

RESEARCH USE
For research use only, not for use in diagnostic procedures.

PRODUCT
Each vial contains 100 µg IgG1 in 1.0 ml of PBS with < 0.1% sodium azide and 0.1% gelatin.

APPLICATIONS
Morphine (BDI263) is recommended for detection of Morphine and Codeine by solid phase ELISA (starting dilution 1:30, dilution range 1:30-1:3000); non cross-reactive with Nalorphine, Meperidine or Methadone.

STORAGE
Store at 4° C, **DO NOT FREEZE**. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

PROTOCOLS
See our web site at www.scbt.com or our catalog for detailed protocols and support products.