

IL-15 (E-4): sc-8437

BACKGROUND

Interleukin-15 (IL-15), also designated IL-T, is a cloned cytokine which shares several biological activities but no sequence homology with IL-2. Human, mouse and simian IL-15 cDNA clones have been isolated and characterized. All 3 species encode a 162 amino acid residue precursor protein containing a 48 amino acid leader that is cleaved to generate the mature form of IL-15. IL-15 stimulates the proliferation of T cells and NK cells, while enhancing B cell expansion and antibody production. Unlike IL-2, IL-15 is not produced by lymphocytes, but appears to be produced by macrophages, epithelial lines, muscle and placenta. IL-15 has also been shown to be a chemoattractant for human blood T lymphocytes and to be able to induce lymphokine-activated killer (LAK) activity in NK cells as well as to be able to induce the generation of cytolytic effector cells. Studies have shown that IL-15 is the only other cytokine that shares the β signaling subunit of the IL-2R. Evidence also suggests that like IL-2, IL-4 and IL-7, IL-15 utilizes the common IL-2R γ subunit.

CHROMOSOMAL LOCATION

Genetic locus: IL15 (human) mapping to 4q31.21.

SOURCE

IL-15 (E-4) is a mouse monoclonal antibody raised against amino acids 49-162 representing mature IL-15 of human origin.

PRODUCT

Each vial contains 200 μ g IgG_{2a} kappa light chain in 1.0 ml of PBS with < 0.1% sodium azide and 0.1% gelatin.

IL-15 (E-4) is available conjugated to agarose (sc-8437 AC), 500 μ g/0.25 ml agarose in 1 ml, for IP; to HRP (sc-8437 HRP), 200 μ g/ml, for WB, IHC(P) and ELISA; to either phycoerythrin (sc-8437 PE), fluorescein (sc-8437 FITC), Alexa Fluor[®] 488 (sc-8437 AF488), Alexa Fluor[®] 546 (sc-8437 AF546), Alexa Fluor[®] 594 (sc-8437 AF594) or Alexa Fluor[®] 647 (sc-8437 AF647), 200 μ g/ml, for WB (RGB), IF, IHC(P) and FCM; and to either Alexa Fluor[®] 680 (sc-8437 AF680) or Alexa Fluor[®] 790 (sc-8437 AF790), 200 μ g/ml, for Near-Infrared (NIR) WB, IF and FCM.

APPLICATIONS

IL-15 (E-4) is recommended for detection of IL-15 of human origin by Western Blotting (starting dilution 1:200, dilution range 1:100-1:1000), immunoprecipitation [1-2 μ g per 100-500 μ g of total protein (1 ml of cell lysate)], immunofluorescence (starting dilution 1:50, dilution range 1:50-1:500), immunohistochemistry (including paraffin-embedded sections) (starting dilution 1:50, dilution range 1:50-1:500) and solid phase ELISA (starting dilution 1:30, dilution range 1:30-1:3000).

Suitable for use as control antibody for IL-15 siRNA (h): sc-39645, IL-15 shRNA Plasmid (h): sc-39645-SH and IL-15 shRNA (h) Lentiviral Particles: sc-39645-V.

Molecular Weight of IL-15: 14-15 kDa.

STORAGE

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

RESEARCH USE

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

DATA



IL-15 (E-4): sc-8437. Immunoperoxidase staining of formalin fixed, paraffin-embedded human oral mucosa tissue showing nuclear, cytoplasmic and membrane staining of surface epithelial cells. Kindly provided by The Swedish Human Protein Atlas (HPA) program.

SELECT PRODUCT CITATIONS

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2. Wenxin, L., et al. 2005. Expression of membrane-bound IL-15 by bone marrow fibroblast-like stromal cells in aplastic anemia. *Int. Immunol.* 17: 429-437.
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4. Jones, A.M., et al. 2016. The clinical significance and impact of interleukin 15 on keratinocyte cell growth and migration. *Int. J. Mol. Med.* 38: 679-686.
5. Xie, C.B., et al. 2020. Complement activated interferon- γ -primed human endothelium transpresents interleukin-15 to CD8⁺ T cells. *J. Clin. Invest.* 130: 3437-3452.
6. Bertozzi, G., et al. 2021. Wound vitality in decomposed bodies: new frontiers through immunohistochemistry. *Front. Med.* 8: 802841.
7. Ghosh, P., et al. 2022. An artificial intelligence-guided signature reveals the shared host immune response in MIS-C and Kawasaki disease. *Nat. Commun.* 13: 2687.
8. Pinto, A.P., et al. 2022. Chronic rapamycin treatment decreases hepatic IL-6 protein, but increases autophagy markers as a protective effect against the overtraining-induced tissue damage. *Clin. Exp. Pharmacol. Physiol.* 49: 893-902.

PROTOCOLS

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

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