



Anti-PCP-Antibody

CATALOG NO.: XAV-8420

SPECIES REACTIVITY: N/A

CLONE: 6E7

BACKGROUND:

1-(1-phencyclohexyl) piperidine, known as Phencyclidine, was developed in 1926 as a surgical anesthetic. Its development in human was discontinued in 1965 due to its severe adverse effects. At low to moderate doses, PCP increases breathing rate, blood pressure and pulse rate. Generalized numbness of the extremities and loss of muscular coordination also may occur. Psychological effects include distinct changes in body awareness. High dose PCP decreases blood pressure, pulse rate, and respiration. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. Psychological effects at high doses include illusions and hallucinations. High doses of PCP can also cause seizures, coma, and death. High doses can cause symptoms that mimic schizophrenia, such as delusions, hallucinations, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled. People who use PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after stopping PCP use. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma.

SOURCE:

Anti-PCP mouse monoclonal antibody (6E7) was generated against a BSA-PCP conjugate. Mouse Ig is purified by ammonium sulfate precipitation.

APPLICATION:

This mouse monoclonal antibody (6E7) can be used for the detection of PCP in ELISA assays. Suggested starting concentrations are provided. Optimal dilutions should be determined by end-user. Differences in calculated versus apparent molecular weight may be due to post-translational modifications or protein hydrophobicity. **This product is for research use only.**

STORAGE:

PCP antibody is supplied in PBS buffer containing 0.02% sodium azide. For longer periods of storage, store at -20°C. Avoid repeat freeze-thaw cycle.

REFERENCES:

Sakurai, S., et al., 2004, J Neurochem. 90(6),1378-88