

ANTIBODY TESTING RESULTS

Standard Reporting Template

INSTRUCTIONS: Please complete this form in its entirety. **Providing only a reference publication will not be accepted.**

Date: 15. 12. 2015

Laboratory Name: Yogesh Kulathu group

Your Name: Soo Youn Choi

Is testing ongoing such that you are waiting for future bleeds?: Yes No

Antibody Name: S766D OTUD6A

Full Antigen Name: OTUD6A

Full Antigen Sequence (please include full amino acid sequence): 1-119

MDDPKSEQQR ILRRHQ RERQ ELQAQIRSLK NSVPKTDKTK RKQLLDVAR MEAEMAQKHR
QELEKFQDDS SIESVVEDLA KMNLENRPPR SSKAHRKRER MESEERERQE SIFQAEMSE

Antigen Species (Please indicate whether the antigen corresponds to the human/mouse/rat or other species): Human

Bleeds Tested In this Report (Please check ALL those that apply):

1 2 3 4 5 6 7

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SUCCESSFUL APPLICATIONS:

Instructions: Please check each box below and indicate clearly all the applications that each bleed was tested in and if it was successful

	Immunoblot		Immunoprecipitation		Immunofluorescence	
	Tested	Successful	Tested	Successful	Tested	Successful
Bleed #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEST Working Bleed: #4

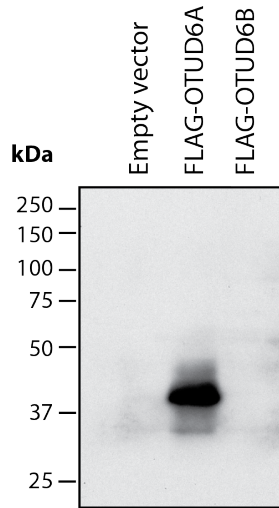
PUBLICATIONS: Please identify all publications to-date that include data supporting the successful use of the antibody

1. Name, et al, Year, Title, Journal
 - PMID (*mandatory*)
2. Name, et al. (*submitted*)

IMMUNOBLOT -- DATA

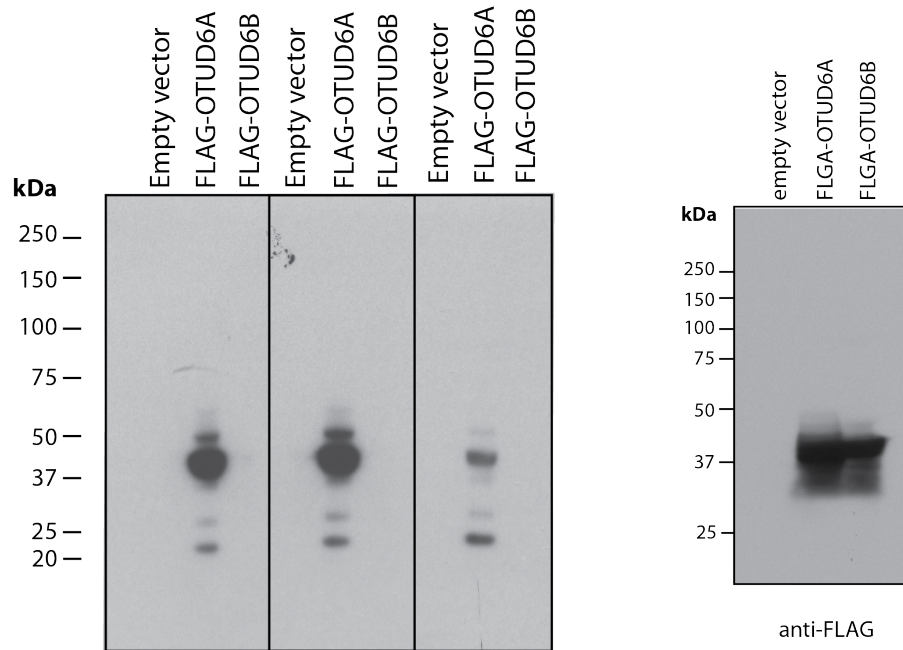
Transfected cell line

HEK293 cells



anti-OTUD6A 2nd bleed

10ug of cell lysates/ 1:1000 Ab in 5% BSA/ overnight incubation



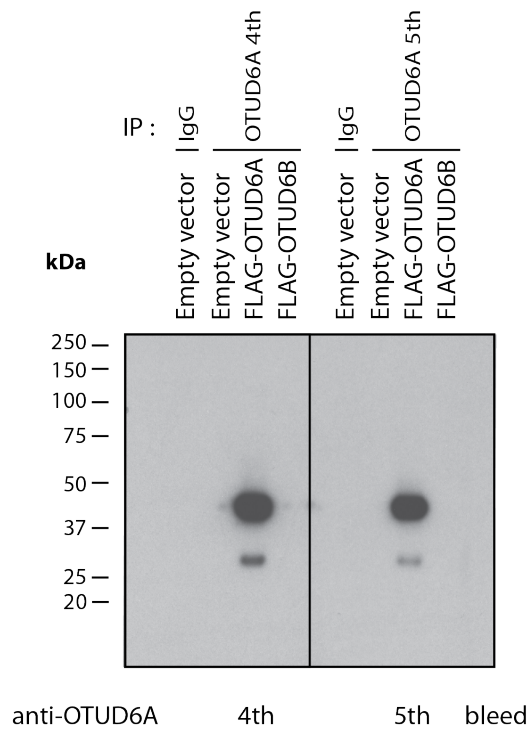
anti-OTUD6A 4th 5th 6th bleed

10ug of cell lysates/ 1:2000 Ab in 5% BSA/ 3h incubation

IMMUNOPRECIPITATION -- DATA

- Transfected cell line

HEK293 cells



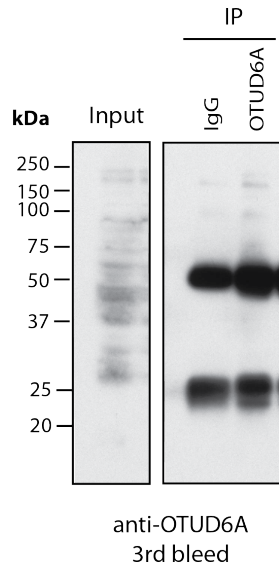
500ug of cell lysates /1ug of Ab / 1:2000 Ab in 5% BSA/ 3h incubation

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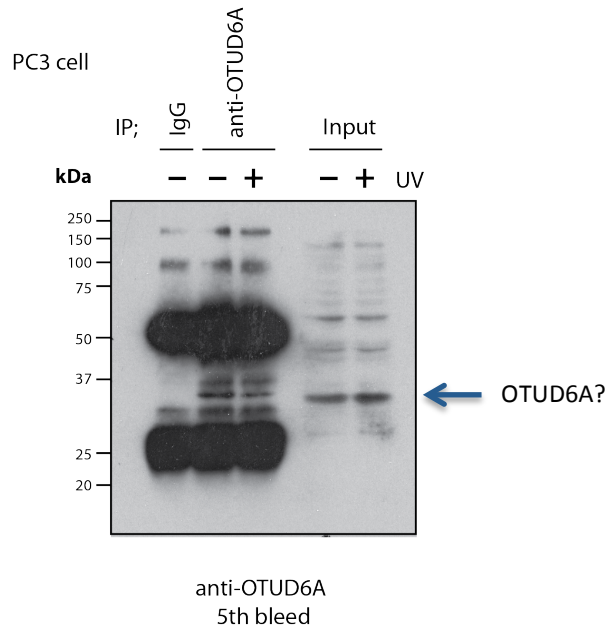
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▪ **Endogenous protein**

HEK293 cells



1000ug of cell lysates for IP/ 1:2000 Ab in 5% BSA/ overnight incubation



1000ug of cell lysates/ 1ug of Ab / 1:2000 Ab in 5% BSA/ overnight incubation