

Volume: 20 ml

Lot # : 199-5-446

Sheep Anti-Rat Glomeruli (GBM) Serum (PTX-001S)

For the Induction of Passive Anti-GBM Nephritis

Materials supplied:

Anti-GBM Serum, 20 ml, in 0.02 M phosphate buffered saline PBS, pH 7.3. Store at -20 C or below. Avoid repeated freeze-thaw. *Slight precipitate may form when thawed, centrifuge x 3,000-5,000 RPM, 30 minutes before injection.*

Directions for use:

This package contains sufficient antibody to induce passive Anti-GBM nephritis in 25 rats* (175-200 gm) when used according to the instructions below. Please read carefully before starting the procedure.

Injection of anti-GBM Serum: Anesthetize rats and inject 0.4 ml/ 100 gm body weight of anti-GBM serum into a tail vein over a 15-30 second period. Production of disease is dose dependent, it is important that the complete dose of antibody is delivered. For a more severe disease inject more volume of antibody. Doses over 1 ml are not recommended.

Description of Renal Disease:

Heterologous disease: Linear deposits of heterologous sheep IgG are noticeable in glomerular basement membrane by immunofluorescence within minutes increasing in intensity by 3-5 days after injection of a single bolus of anti-GBM. Rat C₃ also localizes in a linear pattern and proteinuria develops after 24 hours.

Autologous disease becomes noticeable after 8-10 days following administration of anti-GBM antibody evidenced by increased proteinuria and glomerular localization of rat (autologous) IgG in a linear pattern by immunohistochemistry (Figure 1). By 2 weeks, proteinuria can be expected to reach 100-200 mg/24 hours and glomerular crescents (Figure 2) become apparent increasing in severity over time leading to glomerulosclerosis[#].

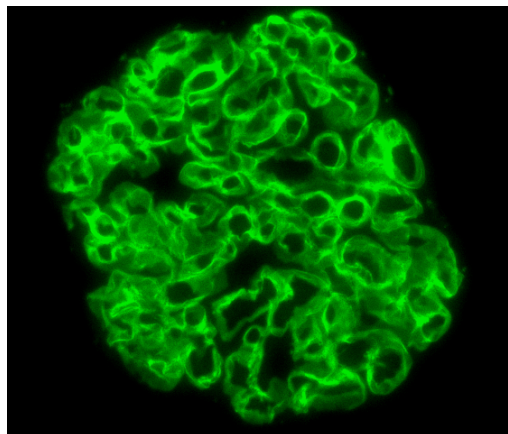


Figure 1. Immunofluorescence localization of immune deposits (rat IgG) in a linear pattern in the glomerular capillary wall 2 weeks after initiation of anti-GBM nephritis.

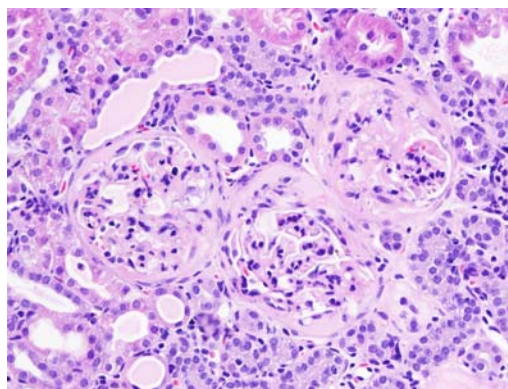


Figure 2. Glomerular crescents, mesangial hypercellularity, and capillary distortion 3 weeks after initiation of anti-GBM disease.

1. Salant DJ, Cybulsky AV: Experimental glomerulonephritis. *Meth. Enzymol* 62:421-461, 1988.

* Sprague-Dawley strain recommended. Other strains not tested.

[#] Chronic disease not verified using Probetex anti-GBM antibody.