

Product datasheet

Anti-STXBP2 antibody ab123679

1 Image

Overview

| | |
|----------------------------|--|
| Product name | Anti-STXBP2 antibody |
| Description | Rabbit polyclonal to STXBP2 |
| Host species | Rabbit |
| Tested applications | Suitable for: WB |
| Species reactivity | Reacts with: Human |
| Immunogen | Synthetic peptide conjugated to KLH, corresponding to a region within C terminal amino acids 439-469 of Human STXBP2 (UniProt ID: Q15833). |
| Positive control | 293 cell lysate |

Properties

| | |
|-----------------------------|---|
| Form | Liquid |
| Storage instructions | Shipped at 4°C. Store at 4°C (up to 6 months). Store at -20°C long term. |
| Storage buffer | Preservative: 0.09% Sodium azide Constituent: 99% PBS |
| Purity | Immunogen affinity purified |
| Purification notes | ab123679 is purified through a protein A column, followed by peptide affinity purification. |
| Clonality | Polyclonal |
| Isotype | IgG |

Applications

Our [Abpromise guarantee](#) covers the use of **ab123679** in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

| Application | Abreviews | Notes |
|-------------|-----------|--|
| WB | | 1/100 - 1/500. Predicted molecular weight: 66 kDa. |

Target

Function

Involved in intracellular vesicle trafficking and vesicle fusion with membranes. Contributes to the granule exocytosis machinery through interaction with soluble N-ethylmaleimide-sensitive factor attachment protein receptor (SNARE) proteins that regulate membrane fusion. Regulates cytotoxic granule exocytosis in natural killer (NK) cells.

Tissue specificity

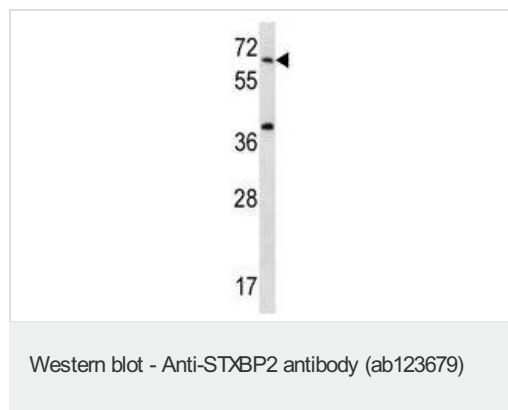
Placenta, lung, liver, kidney and pancreas, as well as in peripheral blood lymphocytes.

Involvement in disease

Defects in STXBP2 are the cause of hemophagocytic lymphohistiocytosis familial type 5 (FHL5) [MIM:613101]. FHL5 is rare disorder characterized by immune dysregulation with hypercytokinemia, defective function of natural killer cell, and massive infiltration of several organs by activated lymphocytes and macrophages. The clinical features of the disease include fever, hepatosplenomegaly, cytopenia, and less frequently neurological abnormalities ranging from irritability and hypotonia to seizures, cranial nerve deficits and ataxia.

Sequence similarities

Belongs to the STXBP/unc-18/SEC1 family.

Images

Anti-STXBP2 antibody (ab123679) at 1/100 dilution + 293 cell lysate at 35 µg

Predicted band size: 66 kDa

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