abcam

Product datasheet

Anti-GFAP antibody [SB61b] (HRP) ab46812

Overview

Product name	Anti-GFAP antibody [SB61b] (HRP)
Description	Mouse monoclonal [SB61b] to GFAP (HRP)
Conjugation	HRP
Specificity	ab46812 reacts with human GFAP.
Tested applications	**Suitable for:** WB, IHC (Methanol fixed)
Species reactivity	**Reacts with:** Human
Immunogen	Recombinant GFAP (Human)

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C.
Storage buffer	Constituents: 50% Glycerol, PBS, pH 7.4
Purity	IgG fraction
Clonality	Monoclonal
Clone number	SB61b
Isotype	IgG2b
Light chain type	kappa

Applications

Our Abpromise guarantee covers the use of **ab46812** 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		
IHC (Methanol fixed)		

Application notes	Immunohistochemistry (Methanol fixed cells): Use at an assay dependent dilution. WB: 1/2000 - 1/4000. Predicted molecular weight: 50 kDa.

Not yet tested in other applications.
Optimal dilutions/concentrations should be determined by the end user.

Target

Function	GFAP, a class-III intermediate filament, is a cell-specific marker that, during the development of the central nervous system, distinguishes astrocytes from other glial cells.
Tissue specificity	Expressed in cells lacking fibronectin.
Involvement in disease	Defects in GFAP are a cause of Alexander disease (ALEXD) [MIM:203450]. Alexander disease is a rare disorder of the central nervous system. It is a progressive leukoencephalopathy whose hallmark is the widespread accumulation of Rosenthal fibers which are cytoplasmic inclusions in astrocytes. The most common form affects infants and young children, and is characterized by progressive failure of central myelination, usually leading to death usually within the first decade. Infants with Alexander disease develop a leukoencephalopathy with macrocephaly, seizures, and psychomotor retardation. Patients with juvenile or adult forms typically experience ataxia, bulbar signs and spasticity, and a more slowly progressive course.
Sequence similarities	Belongs to the intermediate filament family.
Post-translational modifications	Phosphorylated by PKN1.
Cellular localization	Cytoplasm. Associated with intermediate filaments.

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