abcam

Product datasheet

Anti-gamma Catenin antibody ab52229

★★★★★ 1 Abreviews 2 Images

Overview

Product name	Anti-gamma Catenin antibody
Description	Rabbit polyclonal to gamma Catenin
Host species	Rabbit
Tested applications	**Suitable for:** ELISA, WB
Species reactivity	**Reacts with:** Mouse, Rat, Human
Immunogen	Synthetic peptide (Human)
Positive control	Extracts form HeLa cells.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at -20°C. Stable for 12 months at -20°C.
Storage buffer	Preservative: 0.02% Sodium Azide Constituents: 50% Glycerol, PBS, 150mM Sodium chloride, pH 7.4
Purity	Immunogen affinity purified
Clonality	Polyclonal
Isotype	IgG

Applications

Our Abpromise guarantee covers the use of **ab52229** in the following tested applications.

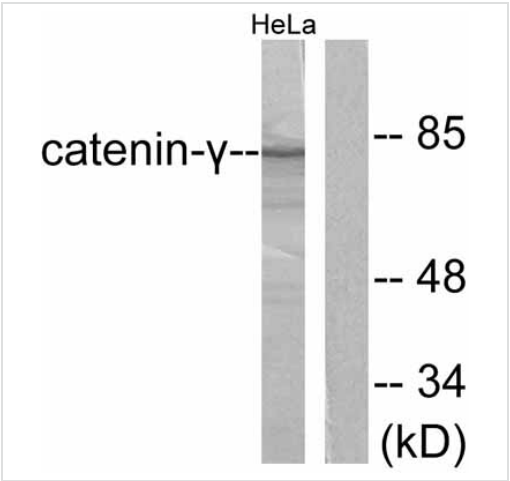
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
ELISA		1/20000.
WB	★★★★★	1/500 - 1/1000. Detects a band of approximately 80 kDa (predicted molecular weight: 80 kDa).

Target

Function	Common junctional plaque protein. The membrane-associated plaques are architectural elements in an important strategic position to influence the arrangement and function of both the cytoskeleton and the cells within the tissue. The presence of plakoglobin in both the desmosomes and in the intermediate junctions suggests that it plays a central role in the structure and function of submembranous plaques. Acts as a substrate for VE-PTP and is required by it to stimulate VE-cadherin function in endothelial cells. Can replace beta-catenin in E-cadherin/catenin adhesion complexes which are proposed to couple cadherins to the actin cytoskeleton.
Involvement in disease	Defects in JUP are the cause of Naxos disease (NXD) [MIM:601214]. NXD is an autosomal recessive disorder combining diffuse non-epidermolytic palmoplantar keratoderma with arrhythmogenic right ventricular dysplasia/cardiomyopathy and woolly hair. Defects in JUP are the cause of familial arrhythmogenic right ventricular dysplasia type 12 (ARVD12) [MIM:611528]; also called arrhythmogenic right ventricular cardiomyopathy 12 (ARVC12). ARVD is an autosomal dominant disease characterized by partial degeneration of the myocardium of the right ventricle, electrical instability, and sudden death. It is clinically defined by electrocardiographic and angiographic criteria; pathologic findings, replacement of ventricular myocardium with fatty and fibrous elements, preferentially involve the right ventricular free wall.
Sequence similarities	Belongs to the beta-catenin family. Contains 9 ARM repeats.
Cellular localization	Cell junction > adherens junction. Cell junction > desmosome. Cytoplasm > cytoskeleton. Membrane. Cytoplasmic in a soluble and membrane-associated form.

Images

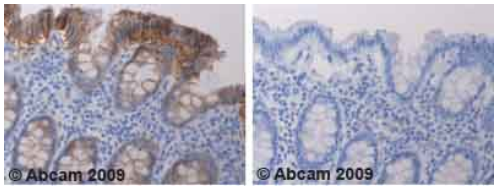


Western blot - gamma Catenin antibody (ab52229)

All lanes : Anti-gamma Catenin antibody (ab52229) at 1/500 dilution

Lane 1 : HeLa cell extract, untreated.
Lane 2 : HeLa cell extract, treated with the immunising peptide.

Predicted band size: 80 kDa
Observed band size: 80 kDa



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections)-gamma Catenin antibody(ab52229)

Ab52229 staining Human colon. Staining is localised to the cytoplasm.
Left panel: with primary antibody at 1 ug/ml.
Right panel: isotype control.
Sections were stained using an automated system DAKO Autostainer Plus , at room temperature. Sections were rehydrated and antigen retrieved with the Dako 3-in-1 AR buffers EDTA pH 9.0 in a DAKO PT Link. Slides were peroxidase blocked in 3% H2O2 in methanol for 10 minutes. They were then blocked with Dako Protein block for 10 minutes (containing casein 0.25% in PBS) then incubated with primary antibody for 20 minutes and detected with Dako Envision Flex amplification kit for 30 minutes. Colorimetric detection was completed with diaminobenzidine for 5 minutes. Slides were counterstained with Haematoxylin and coverslipped under DePeX. Please note that for manual staining we recommend to optimize the primary antibody concentration and incubation time (overnight incubation), and amplification may be required.

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