


Product datasheet

Anti-ARA9 antibody - Carboxyterminal end ab62813

1 Image

Overview

Product name	Anti-ARA9 antibody - Carboxyterminal end
Description	Goat polyclonal to ARA9 - Carboxyterminal end
Tested applications	Suitable for: WB, ELISA
Species reactivity	Reacts with: Mouse Predicted to work with: Rat, Horse, Cow, Human 
Immunogen	Synthetic peptide: C-EARIRQKDEEDKAR , corresponding to C terminal amino acids 310-323 of Human ARA9 Run BLAST with Run BLAST with
Positive control	NIH 3T3 cell lysates.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Upon delivery aliquot and store at -20°C or -80°C. Avoid repeated freeze / thaw cycles.
Storage buffer	Preservative: 0.02% Sodium Azide Constituents: 0.5% BSA, Tris buffered saline, pH 7.3
Purity	Immunogen affinity purified
Purification notes	ab62813 is purified from goat serum by ammonium sulphate precipitation followed by antigen affinity chromatography using the immunizing peptide.
Clonality	Polyclonal
Isotype	IgG

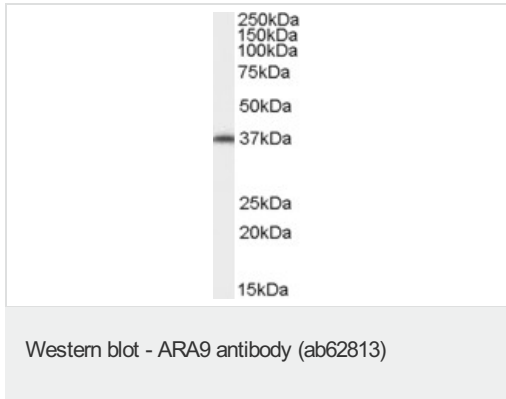
Applications

Our [Abpromise guarantee](#) covers the use of **ab62813** 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		
ELISA		
Application notes	<p>Peptide ELISA: 1/64000.</p> <p>WB: Use at a concentration of 0.02 - 0.06 µg/ml. Detects a band of approximately 37 kDa (predicted molecular weight: 40 kDa).</p> <p>Not yet tested in other applications.</p> <p>Optimal dilutions/concentrations should be determined by the end user.</p>	
Target		
Function	<p>May play a positive role in AHR-mediated (aromatic hydrocarbon receptor) signaling, possibly by influencing its receptivity for ligand and/or its nuclear targeting.</p> <p>Cellular negative regulator of the hepatitis B virus (HBV) X protein.</p>	
Tissue specificity	<p>Widely expressed. Higher levels seen in the heart, placenta and skeletal muscle. Not expressed in the liver.</p>	
Involvement in disease	<p>Defects in AIP are a cause of familial isolated pituitary adenoma (FIPA) [MIM:102200].</p> <p>Defects in AIP are a cause of growth hormone-secreting pituitary adenoma (GHSPA) [MIM:102200]; also known as familial isolated somatotropinomas (FIS) or isolated familial somatotropinoma (IFS) or familial somatotrophinoma or acromegaly due to pituitary adenoma.</p> <p>Defects in AIP are a cause of ACTH-secreting pituitary adenoma (ASPA) [MIM:219090]; also known as pituitary Cushing disease. A pituitary adenoma resulting in excessive production of adrenocorticotrophic hormone. This leads to hypersecretion of cortisol by the adrenal glands and ACTH-dependent Cushing syndrome. Clinical manifestations of Cushing syndrome include facial and trunkal obesity, abdominal striae, muscular weakness, osteoporosis, arterial hypertension, diabetes.</p> <p>Defects in AIP are a cause of prolactin-secreting pituitary adenoma (PSPA) [MIM:600634]; also known as prolactinoma. Prolactin-secreting pituitary adenoma is the most common type of hormonally active pituitary adenoma.</p>	
Sequence similarities	<p>Contains 1 PPlase FKBP-type domain.</p> <p>Contains 2 TPR repeats.</p>	
Cellular localization	<p>Cytoplasm.</p>	

Images



Anti-ARA9 antibody - Carboxyterminal end
(ab62813) at 0.02 µg/ml + NIH 3T3 cell lysate
(in RIPA buffer) at 35 µg

Predicted band size : 40 kDa

Observed band size : 37 kDa

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