abcam

Product datasheet

HRP Anti-ASS1 antibody [EPR12398] ab209018

Recombinant RabMAb

3 Images

Overview

Product name	HRP Anti-ASS1 antibody [EPR12398]
Description	HRP Rabbit monoclonal [EPR12398] to ASS1
Host species	Rabbit
Conjugation	HRP
Tested applications	**Suitable for:** WB, IHC-P
Species reactivity	**Reacts with:** Human **Predicted to work with:** Mouse, Rat
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
Positive control	WB: Human Liver lysate. IHC-P: FFPE normal human liver tissue sections.
General notes	This product is a recombinant monoclonal antibody, which offers several advantages including: - High batch-to-batch consistency and reproducibility - Improved sensitivity and specificity - Long-term security of supply - Animal-free production For more information **see here**. Our RabMAb® technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to **RabMAb® patents**.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C. Avoid freeze / thaw cycle. Store In the Dark.
Storage buffer	pH: 7.40 Preservative: 0.1% Proclin 300 Solution Constituents: PBS, 1% BSA, 30% Glycerol (glycerin, glycerine)
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EPR12398

Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab209018 in the following tested applications.

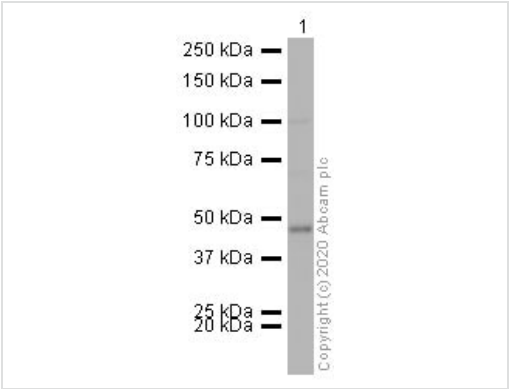
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
WB		1/5000. Detects a band of approximately 44 kDa (predicted molecular weight: 47 kDa).
IHC-P		1/50. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.

Target

Pathway	Amino-acid biosynthesis; L-arginine biosynthesis; L-arginine from L-ornithine and carbamoyl phosphate: step 2/3. Nitrogen metabolism; urea cycle; (N(omega)-L-arginino)succinate from L-aspartate and L-citrulline: step 1/1.
Involvement in disease	Defects in ASS1 are the cause of citrullinemia type 1 (CTLN1) [MIM:215700]. Citrullinemia belongs to the urea cycle disorders. It is an autosomal recessive disease characterized primarily by elevated serum and urine citrulline levels. Ammonia intoxication is another manifestation. CTLN1 usually manifests in the first few days of life. Affected infants appear normal at birth, but as ammonia builds up in the body they present symptoms such as lethargy, poor feeding, vomiting, seizures and loss of consciousness. Less commonly, a milder CTLN1 form can develop later in childhood or adulthood.
Sequence similarities	Belongs to the argininosuccinate synthase family. Type 1 subfamily.

Images



Western blot - HRP Anti-ASS1 antibody [EPR12398] (ab209018)

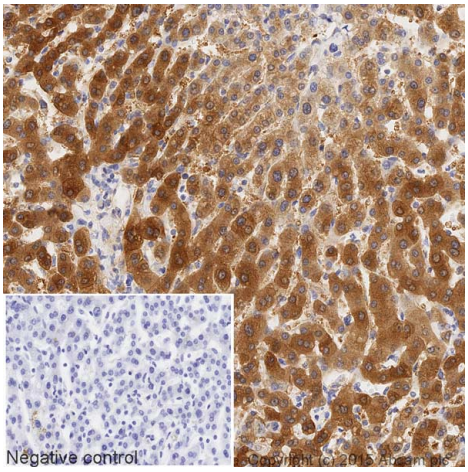
HRP Anti-ASS1 antibody [EPR12398] (ab209018) + Human liver lysate at 10 µg

Predicted band size: 47 kDa
Observed band size: 44 kDa

Exposure time: 10 seconds

Blocking buffer: 2% BSA

Gel type: MOPS

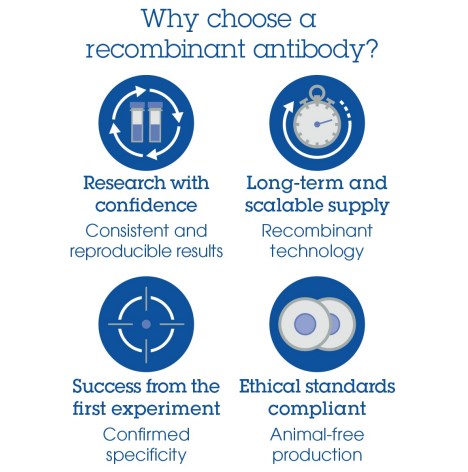


Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - HRP Anti-ASS1 antibody [EPR12398] (ab209018)

IHC image of ASS1 staining in a section of formalin-fixed paraffin-embedded normal human liver tissue*, performed on a Leica BOND™. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20mins. The section was then incubated with ab209018, 1/50 dilution, for 15 mins at room temperature. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX. The inset negative control image is taken from an identical assay without primary antibody.

For other IHC staining systems (automated and non-automated) customers should optimize variable parameters such as antigen retrieval conditions, primary antibody concentration and antibody incubation times.

**Tissue obtained from the Human Research Tissue Bank, supported by the NIHR Cambridge Biomedical Research Centre*



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