abcam

Product datasheet

Anti-MLH1 antibody [G168-15] ab14206

29 References 4 Images

Overview

Product name	Anti-MLH1 antibody [G168-15]
Description	Mouse monoclonal [G168-15] to MLH1
Host species	Mouse
Tested applications	**Suitable for:** Flow Cyt, ICC, IHC-P
Species reactivity	**Reacts with:** Mouse, Human
Immunogen	Recombinant full length protein.
Positive control	Tonsil, colon carcinoma. This antibody gave a positive result in IF/ICC when used in the following formaldehyde fixed cell lines: HepG2
General notes	The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing. If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C or -80°C. Avoid freeze / thaw cycle.
Storage buffer	pH: 7.3 Preservative: 0.05% Sodium azide Constituent: 1% BSA
Purity	Protein A purified
Clonality	Monoclonal
Clone number	G168-15
Isotype	IgG1

Applications

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The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab14206 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
Flow Cyt		1/50. **ab170190** - Mouse monoclonal IgG1, is suitable for use as an isotype control with this antibody.
ICC		Use at an assay dependent concentration.
IHC-P		1/25 - 1/50. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Target

Function Heterodimerizes with PMS2 to form MutL alpha, a component of the post-replicative DNA mismatch repair system (MMR). DNA repair is initiated by MutS alpha (MSH2-MSH6) or MutS beta (MSH2-MSH6) binding to a dsDNA mismatch, then MutL alpha is recruited to the heteroduplex. Assembly of the MutL-MutS-heteroduplex ternary complex in presence of RFC and PCNA is sufficient to activate endonuclease activity of PMS2. It introduces single-strand breaks near the mismatch and thus generates new entry points for the exonuclease EXO1 to degrade the strand containing the mismatch. DNA methylation would prevent cleavage and therefore assure that only the newly mutated DNA strand is going to be corrected. MutL alpha (MLH1-PMS2) interacts physically with the clamp loader subunits of DNA polymerase III, suggesting that it may play a role to recruit the DNA polymerase III to the site of the MMR. Also implicated in DNA damage signaling, a process which induces cell cycle arrest and can lead to apoptosis in case of major DNA damages. Heterodimerizes with MLH3 to form MutL gamma which plays a role in meiosis.

Tissue specificity Colon, lymphocytes, breast, lung, spleen, testis, prostate, thyroid, gall bladder and heart.

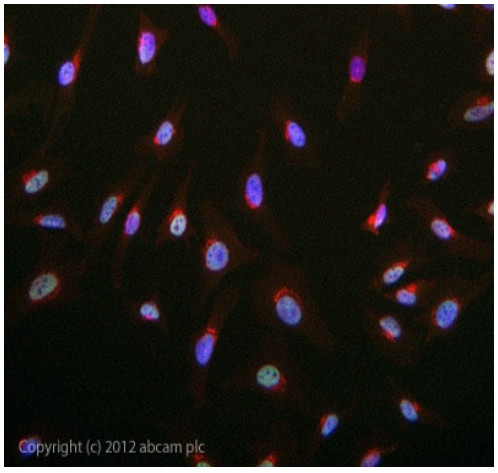
Involvement in disease Defects in MLH1 are the cause of hereditary non-polyposis colorectal cancer type 2 (HNPCC2) [MIM:609310]. Mutations in more than one gene locus can be involved alone or in combination in the production of the HNPCC phenotype (also called Lynch syndrome). Most families with clinically recognized HNPCC have mutations in either MLH1 or MSH2 genes. HNPCC is an autosomal, dominantly inherited disease associated with marked increase in cancer susceptibility. It is characterized by a familial predisposition to early onset colorectal carcinoma (CRC) and extra-colonic cancers of the gastrointestinal, urological and female reproductive tracts. HNPCC is reported to be the most common form of inherited colorectal cancer in the Western world, and accounts for 15% of all colon cancers. Cancers in HNPCC originate within benign neoplastic polyps termed adenomas. Clinically, HNPCC is often divided into two subgroups. Type I: hereditary predisposition to colorectal cancer, a young age of onset, and carcinoma observed in the proximal colon. Type II: patients have an increased risk for cancers in certain tissues such as the uterus, ovary, breast, stomach, small intestine, skin, and larynx in addition to the colon. Diagnosis of classical HNPCC is based on the Amsterdam criteria: 3 or more relatives affected by colorectal cancer, one a first degree relative of the other two; 2 or more generation affected; 1 or more colorectal cancers presenting before 50 years of age; exclusion of hereditary polyposis syndromes. The term 'suspected HNPCC' or 'incomplete HNPCC' can be used to describe families who do not or only partially fulfill the Amsterdam criteria, but in whom a genetic basis for colon cancer is strongly suspected.

Defects in MLH1 are a cause of mismatch repair cancer syndrome (MMRCS) [MIM:276300]; also known as Turcot syndrome or brain tumor-polyposis syndrome 1 (BTPS1). MMRCS is an autosomal dominant disorder characterized by malignant tumors of the brain associated with multiple colorectal adenomas. Skin features include sebaceous cysts, hyperpigmented and cafe au lait spots.
Defects in MLH1 are a cause of Muir-Torre syndrome (MuToS) [MIM:158320]; also abbreviated MTS. MuToS is a rare autosomal dominant disorder characterized by sebaceous neoplasms and visceral malignancy.
Note=Defects in MLH1 may contribute to lobular carcinoma in situ (LCIS), a non-invasive neoplastic disease of the breast.
Defects in MLH1 are a cause of susceptibility to endometrial cancer (ENDMC) [MIM:608089].
Note=Some epigenetic changes can be transmitted unchanged through the germline (termed 'epigenetic inheritance'). Evidence that this mechanism occurs in humans is provided by the identification of individuals in whom 1 allele of the MLH1 gene is epigenetically silenced throughout the soma (implying a germline event). These individuals are affected by HNPCC but does not have identifiable mutations in MLH1, even though it is silenced, which demonstrates that an epimutation can phenocopy a genetic disease.

Sequence similarities Belongs to the DNA mismatch repair mutL/hexB family.

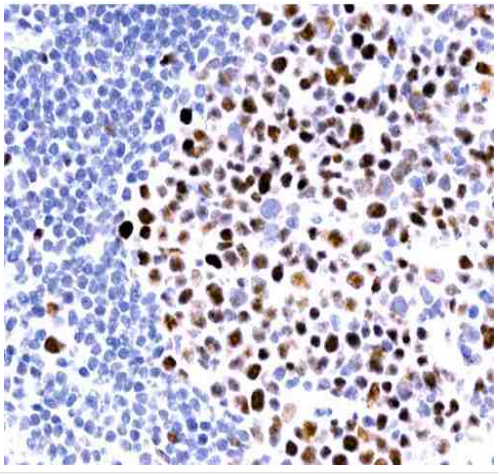
Cellular localization Nucleus.

Images



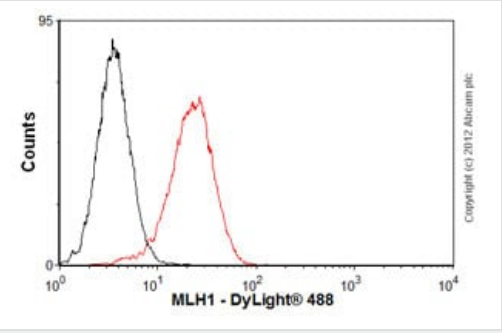
Immunocytochemistry - Anti-MLH1 antibody [G168-15] (ab14206)

ICC/IF image of ab14206 stained HepG2 cells. The cells were 4% formaldehyde fixed (10 min) and then incubated in 1%BSA / 10% normal goat serum / 0.3M glycine in 0.1% PBS-Tween for 1h to permeabilise the cells and block non-specific protein-protein interactions. The cells were then incubated with the antibody ab14206 at 1/50 dilution overnight at +4°C. The secondary antibody (green) was DyLight® 488 goat anti- mouse (**ab96879**) IgG (H+L) used at a 1/1000 dilution for 1h. Alexa Fluor® 594 WGA was used to label plasma membranes (red) at a 1/200 dilution for 1h. DAPI was used to stain the cell nuclei (blue) at a concentration of 1.43µM.



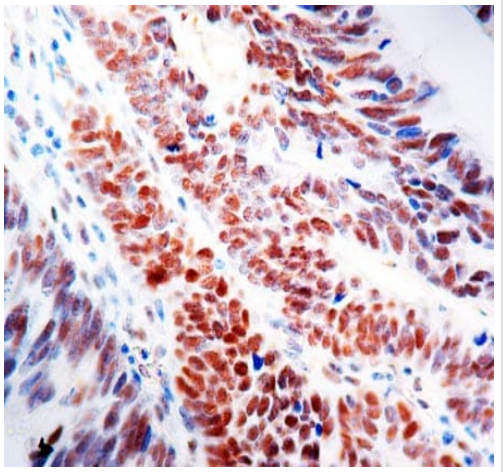
Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-MLH1 antibody [G168-15] (ab14206)

Formalin fixed paraffin embedded human tonsil stained with MLH1 using ABC and DAB chromogen.



Flow Cytometry - Anti-MLH1 antibody [G168-15] (ab14206)

Overlay histogram showing HeLa cells stained with ab14206 (red line). The cells were fixed with 80% methanol (5 min) and then permeabilized with 0.1% PBS-Tween for 20 min. The cells were then incubated in 1x PBS / 10% normal goat serum / 0.3M glycine to block non-specific protein-protein interactions followed by the antibody (ab14206, 1/50 dilution) for 30 min at 22ºC. The secondary antibody used was DyLight® 488 goat anti-mouse IgG (H+L) (**ab96879**) at 1/500 dilution for 30 min at 22ºC. Isotype control antibody (black line) was mouse IgG1 [ICIGG1] (**ab91353**, 2µg/1x10^6 cells) used under the same conditions. Acquisition of >5,000 events was performed.



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-MLH1 antibody [G168-15] (ab14206)

Immunohistochemical analysis of formalin-fixed, paraffin-embedded Human colon carcinoma tissue, staining MLH1 with ab14206.

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