

## Product datasheet

# Anti-Tau antibody ab97778

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### Overview

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<b>Product name</b>	Anti-Tau antibody
<b>Description</b>	Rabbit polyclonal to Tau
<b>Host species</b>	Rabbit
<b>Tested applications</b>	<b>Suitable for:</b> WB, IHC-P
<b>Species reactivity</b>	<b>Reacts with:</b> Human
<b>Immunogen</b>	Synthetic peptide corresponding to a region within amino acids 171 and 236 of Human Tau (NP_058519).
<b>Positive control</b>	A431 cell lysate; H1299 xenograft
<b>General notes</b>	<p>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.</p> <p>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&amp;As</p>

### Properties

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<b>Form</b>	Liquid
<b>Storage instructions</b>	Shipped at 4°C. Upon delivery aliquot and store at -20°C or -80°C. Avoid repeated freeze / thaw cycles.
<b>Storage buffer</b>	pH: 7.00 Preservative: 0.01% Thimerosal (merthiolate) Constituents: 1.21% Tris, 0.75% Glycine, 10% Glycerol (glycerin, glycerine)
<b>Purity</b>	Immunogen affinity purified
<b>Clonality</b>	Polyclonal
<b>Isotype</b>	IgG

### Applications

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## The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab97778 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		1/500 - 1/3000. Predicted molecular weight: 79 kDa.
IHC-P		1/100 - 1/500.

## Target

### Function

Promotes microtubule assembly and stability, and might be involved in the establishment and maintenance of neuronal polarity. The C-terminus binds axonal microtubules while the N-terminus binds neural plasma membrane components, suggesting that tau functions as a linker protein between both. Axonal polarity is predetermined by tau localization (in the neuronal cell) in the domain of the cell body defined by the centrosome. The short isoforms allow plasticity of the cytoskeleton whereas the longer isoforms may preferentially play a role in its stabilization.

### Tissue specificity

Expressed in neurons. Isoform PNS-tau is expressed in the peripheral nervous system while the others are expressed in the central nervous system.

### Involvement in disease

Note=In Alzheimer disease, the neuronal cytoskeleton in the brain is progressively disrupted and replaced by tangles of paired helical filaments (PHF) and straight filaments, mainly composed of hyperphosphorylated forms of TAU (PHF-TAU or AD P-TAU).

Defects in MAPT are a cause of frontotemporal dementia (FTD) [MIM:600274]; also called frontotemporal dementia (FTD), pallido-ponto-nigral degeneration (PPND) or historically termed Pick complex. This form of frontotemporal dementia is characterized by presenile dementia with behavioral changes, deterioration of cognitive capacities and loss of memory. In some cases, parkinsonian symptoms are prominent. Neuropathological changes include frontotemporal atrophy often associated with atrophy of the basal ganglia, substantia nigra, amygdala. In most cases, protein tau deposits are found in glial cells and/or neurons.

Defects in MAPT are a cause of Pick disease of the brain (PDB) [MIM:172700]. It is a rare form of dementia pathologically defined by severe atrophy, neuronal loss and gliosis. It is characterized by the occurrence of tau-positive inclusions, swollen neurons (Pick cells) and argentophilic neuronal inclusions known as Pick bodies that disproportionately affect the frontal and temporal cortical regions. Clinical features include aphasia, apraxia, confusion, anomia, memory loss and personality deterioration.

Note=Defects in MAPT are a cause of corticobasal degeneration (CBD). It is marked by extrapyramidal signs and apraxia and can be associated with memory loss. Neuropathologic features may overlap Alzheimer disease, progressive supranuclear palsy, and Parkinson disease.

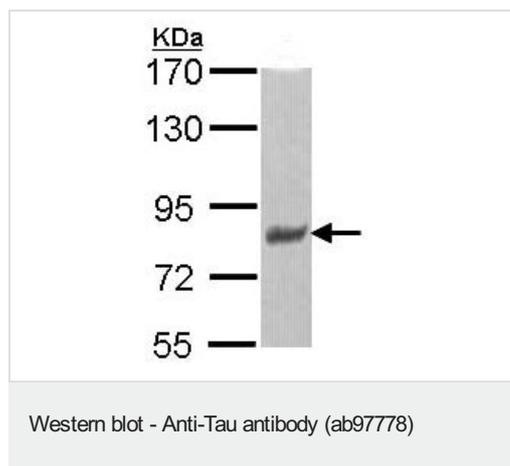
Defects in MAPT are a cause of progressive supranuclear palsy type 1 (PSNP1) [MIM:601104, 260540]; also abbreviated as PSP and also known as Steele-Richardson-Olszewski syndrome. PSNP1 is characterized by akinetic-rigid syndrome, supranuclear gaze palsy, pyramidal tract dysfunction, pseudobulbar signs and cognitive capacities deterioration. Neurofibrillary tangles and gliosis but no amyloid plaques are found in diseased brains. Most cases appear to be sporadic, with a significant association with a common haplotype including the MAPT gene and the flanking regions. Familial cases show an autosomal dominant pattern of transmission with incomplete penetrance; genetic analysis of a few cases showed the occurrence of tau mutations, including a deletion of Asn-613.

### Sequence similarities

Contains 4 Tau/MAP repeats.

<b>Developmental stage</b>	Four-repeat (type II) tau is expressed in an adult-specific manner and is not found in fetal brain, whereas three-repeat (type I) tau is found in both adult and fetal brain.
<b>Domain</b>	The tau/MAP repeat binds to tubulin. Type I isoforms contain 3 repeats while type II isoforms contain 4 repeats.
<b>Post-translational modifications</b>	<p>Phosphorylation at serine and threonine residues in S-P or T-P motifs by proline-directed protein kinases (PDPK: CDK1, CDK5, GSK-3, MAPK) (only 2-3 sites per protein in interphase, seven-fold increase in mitosis, and in PHF-tau), and at serine residues in K-X-G-S motifs by MAP/microtubule affinity-regulating kinase (MARK) in Alzheimer diseased brains.</p> <p>Phosphorylation decreases with age. Phosphorylation within tau's repeat domain or in flanking regions seems to reduce tau's interaction with, respectively, microtubules or plasma membrane components. Phosphorylation on Ser-610, Ser-622, Ser-641 and Ser-673 in several isoforms during mitosis.</p> <p>Polyubiquitinated. Requires functional TRAF6 and may provoke SQSTM1-dependent degradation by the proteasome (By similarity). PHF-tau can be modified by three different forms of polyubiquitination. 'Lys-48'-linked polyubiquitination is the major form, 'Lys-6'-linked and 'Lys-11'-linked polyubiquitination also occur.</p> <p>Glycation of PHF-tau, but not normal brain tau. Glycation is a non-enzymatic post-translational modification that involves a covalent linkage between a sugar and an amino group of a protein molecule forming ketoamine. Subsequent oxidation, fragmentation and/or cross-linking of ketoamine leads to the production of advanced glycation endproducts (AGES). Glycation may play a role in stabilizing PHF aggregation leading to tangle formation in AD.</p>
<b>Cellular localization</b>	Cytoplasm > cytosol. Cell membrane. Cytoplasm > cytoskeleton. Cell projection > axon. Mostly found in the axons of neurons, in the cytosol and in association with plasma membrane components.
<b>Form</b>	There are 9 isoforms produced by alternative splicing.

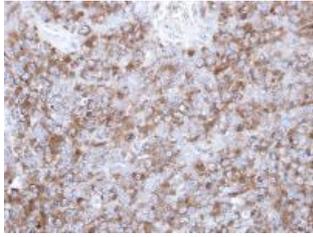
## Images



Anti-Tau antibody (ab97778) at 1/1000 dilution + A431 whole cell lysate at 30 µg

**Predicted band size:** 79 kDa

7.5% SDS PAGE



Immunohistochemical analysis of Tau in paraffin embedded H1299 xenograft, using ab97778 at a 1/500 dilution.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Tau antibody (ab97778)

**Please note:** All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

### Our Abpromise to you: Quality guaranteed and expert technical support

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- Replacement or refund for products not performing as stated on the datasheet
- Valid for 12 months from date of delivery
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- We provide support in Chinese, English, French, German, Japanese and Spanish
- Extensive multi-media technical resources to help you
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If the product does not perform as described on this datasheet, we will offer a refund or replacement. For full details of the Abpromise, please visit <https://www.abcam.com/abpromise> or contact our technical team.

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