abcam

Product datasheet

Anti-MLH3 antibody ab111942

1 Image

Overview

Product name	Anti-MLH3 antibody
Description	Rabbit polyclonal to MLH3
Host species	Rabbit
Tested applications	**Suitable for:** WB
Species reactivity	**Reacts with:** Human **Predicted to work with:** Mouse, Rat
Immunogen	Recombinant fragment, corresponding to a region within amino acids 1-282 of Human MLH3 (AAI12168).
Positive control	A549, HeLa, HepG2 and HCT116 whole 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	pH: 7.00 Preservative: 0.01% Thimerosal (merthiolate) Constituents: 20% Glycerol, 1.21% Tris, 0.75% Glycine
Purity	Immunogen affinity purified
Purification notes	ab111942 is purified by antigen-affinity chromatography.
Clonality	Polyclonal
Isotype	IgG

Applications

Our Abpromise guarantee covers the use of **ab111942** 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: 161 kDa.

Target

Function
Probably involved in the repair of mismatches in DNA.

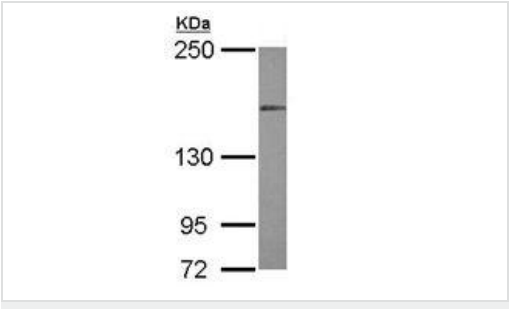
Tissue specificity
Ubiquitous.

Involvement in disease
Defects in MLH3 are the cause of hereditary non-polyposis colorectal cancer type 7 (HNPCC7) [MIM:614385]. 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 MLH3 are a cause of colorectal cancer (CRC) [MIM:114500].

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

Cellular localization
Nucleus.

Images



Western blot - Anti-MLH3 antibody (ab111942)

Anti-MLH3 antibody (ab111942) at 1/1000 dilution + HCT116 whole cell lysate at 30 µg

Predicted band size: 161 kDa

5% SDS PAGE

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