abcam

Product datasheet

Anti-ABCB4 antibody - N-terminal ab191058

1 Image

Overview

Product name	Anti-ABCB4 antibody - N-terminal
Description	Rabbit polyclonal to ABCB4 - N-terminal
Host species	Rabbit
Tested applications	**Suitable for:** WB
Species reactivity	**Reacts with:** Human
Immunogen	Synthetic peptide corresponding to Human ABCB4 aa 1-20 (N terminal). Sequence: MDLEAAKNGTAWRPTSAEGD Database link: P21439 Run BLAST with Run BLAST with
Positive control	MCF7 cell lysate

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 long term. Avoid freeze / thaw cycle.
Storage buffer	Preservatives: 0.025% Sodium azide, 0.025% Thimerosal (merthiolate) Constituents: 2.5% BSA, 0.1% Dibasic monohydrogen sodium phosphate, 0.45% Sodium chloride
Purity	Immunogen affinity purified
Clonality	Polyclonal
Isotype	IgG

Applications

Our Abpromise guarantee covers the use of **ab191058** 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		Use a concentration of 0.1 - 0.5 µg/ml. Predicted molecular weight: 142 kDa.

Target

Function

Mediates ATP-dependent export of organic anions and drugs from the cytoplasm. Hydrolyzes ATP with low efficiency. Human MDR3 is not capable of conferring drug resistance. Mediates the translocation of phosphatidylcholine across the canalicular membrane of the hepatocyte.

Involvement in disease

Defects in ABCB4 are the cause of progressive familial intrahepatic cholestasis type 3 (PFIC3) [MIM:602347]. PFIC3 is an autosomal recessive liver disorder presenting with early onset cholestasis that progresses to cirrhosis and liver failure before adulthood. It is characterized by elevated serum gamma-glutamyltransferase levels.
Defects in ABCB4 are a cause of intrahepatic cholestasis of pregnancy (ICP) [MIM:147480]; also known as obstetric cholestasis. ICP is a multifactorial liver disorder of pregnancy. It presents during the second or, more commonly, the third trimestre of pregnancy with intense pruritus which becomes more severe with advancing gestation and cholestasis. Cholestasis results from abnormal biliary transport from the liver into the small intestine. ICP causes fetal distress, spontaneous premature delivery and intrauterine death. ICP patients have spontaneous and progressive disappearance of cholestasis after delivery.
Defects in ABCB4 are a cause of gallbladder disease type 1 (GBD1) [MIM:600803]. It is one of the major digestive diseases. Gallstones composed of cholesterol (cholelithiasis) are the common manifestations in western countries. Most people with gallstones, however, remain asymptomatic through their lifetimes.

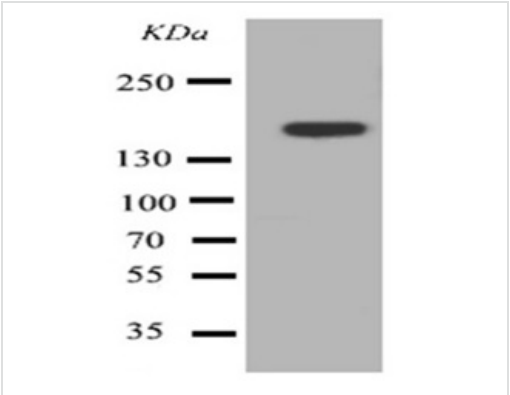
Sequence similarities

Belongs to the ABC transporter superfamily. ABCB family. Multidrug resistance exporter (TC 3.A.1.201) subfamily.
Contains 2 ABC transmembrane type-1 domains.
Contains 2 ABC transporter domains.

Cellular localization

Cell membrane.

Images



Western blot - Anti-ABCB4 antibody - N-terminal (ab191058)

Anti-ABCB4 antibody - N-terminal (ab191058) at 0.5 µg/ml + MCF7 cell lysate

Predicted band size: 142 kDa

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

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