abcam

Product datasheet

Anti-DCTN1/p150-glued antibody ab80257

Overview

Product name	Anti-DCTN1/p150-glued antibody
Description	Rabbit polyclonal to DCTN1/p150-glued
Host species	Rabbit
Specificity	Reacts specifically with 141 kDa DCTN1 / p150-glued protein from Drosophila melanogaster.
Tested applications	**Suitable for:** IHC-P, IHC-Fr, WB
Species reactivity	**Reacts with:** Drosophila melanogaster
Immunogen	Synthetic peptide corresponding to Drosophila melanogaster DCTN1/p150-glued (N terminal).
General notes	Previously labelled as DCTN1.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
Storage buffer	Constituent: Whole serum
Purity	Whole antiserum
Clonality	Polyclonal
Isotype	IgG

Applications

Our Abpromise guarantee covers the use of **ab80257** 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
IHC-P		Use at an assay dependent concentration.
IHC-Fr		Use at an assay dependent concentration.
WB		1/500 - 1/5000. Predicted molecular weight: 142 kDa.

Target

Function	Required for the cytoplasmic dynein-driven retrograde movement of vesicles and organelles along microtubules. Dynein-dynactin interaction is a key component of the mechanism of axonal transport of vesicles and organelles.
Tissue specificity	Brain.
Involvement in disease	Defects in DCTN1 are the cause of distal hereditary motor neuronopathy type 7B (HMN7B) [MIM:607641]; also known as progressive lower motor neuron disease (PLMND). HMN7B is a neuromuscular disorder. Distal hereditary motor neuronopathies constitute a heterogeneous group of neuromuscular disorders caused by selective degeneration of motor neurons in the anterior horn of the spinal cord, without sensory deficit in the posterior horn. The overall clinical picture consists of a classical distal muscular atrophy syndrome in the legs without clinical sensory loss. The disease starts with weakness and wasting of distal muscles of the anterior tibial and peroneal compartments of the legs. Later on, weakness and atrophy may expand to the proximal muscles of the lower limbs and/or to the distal upper limbs. Defects in DCTN1 are a cause of susceptibility to amyotrophic lateral sclerosis (ALS) [MIM:105400]. ALS is a neurodegenerative disorder affecting upper and lower motor neurons, and resulting in fatal paralysis. Sensory abnormalities are absent. Death usually occurs within 2 to 5 years. The etiology is likely to be multifactorial, involving both genetic and environmental factors. Defects in DCTN1 are the cause of Perry syndrome (PERRYS) [MIM:168605]; also called parkinsonism with alveolar hypoventilation and mental depression. Perry syndrome is a neuropsychiatric disorder characterized by mental depression not responsive to antidepressant drugs or electroconvulsive therapy, sleep disturbances, exhaustion and marked weight loss. Parkinsonism develops later and respiratory failure occurred terminally.
Sequence similarities	Belongs to the dynactin 150 kDa subunit family. Contains 1 CAP-Gly domain.
Post-translational modifications	Ubiquitinated by a SCF complex containing FBXL5, leading to its degradation by the proteasome.
Cellular localization	Cytoplasm. Cytoplasm > cytoskeleton.

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