

Product datasheet

Glucose Transporter GLUT1 peptide ab202335

1 References

Description

Product name	Glucose Transporter GLUT1 peptide
Animal free	No
Nature	Synthetic

Specifications

Our [Abpromise guarantee](#) covers the use of **ab202335** in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Applications	Blocking - Blocking peptide for Anti-Glucose Transporter GLUT1 antibody [EPR3915] (ab115730)
Form	Liquid
Additional notes	<p>This is the blocking peptide for ab115730</p> <ul style="list-style-type: none"> - First try to dissolve a small amount of peptide in either water or buffer. The more charged residues on a peptide, the more soluble it is in aqueous solutions. - If the peptide doesn't dissolve try an organic solvent e.g. DMSO, then dilute using water or buffer. - Consider that any solvent used must be compatible with your assay. If a peptide does not dissolve and you need to recover it, lyophilise to remove the solvent. - Gentle warming and sonication can effectively aid peptide solubilisation. If the solution is cloudy or has gelled the peptide may be in suspension rather than solubilised. - Peptides containing cysteine are easily oxidised, so should be prepared in solution just prior to use.

Preparation and Storage

Stability and Storage	Shipped at 4°C. Store at -20°C.
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General Info

Function	Facilitative glucose transporter. This isoform may be responsible for constitutive or basal glucose uptake. Has a very broad substrate specificity; can transport a wide range of aldoses including both pentoses and hexoses.
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Tissue specificity	Expressed at variable levels in many human tissues.
Involvement in disease	Defects in SLC2A1 are the cause of glucose transporter type 1 deficiency syndrome (GLUT1DS) [MIM:606777]; also known as blood-brain barrier glucose transport defect. This disease causes a defect in glucose transport across the blood-brain barrier. It is characterized by infantile seizures, delayed development, and acquired microcephaly. Defects in SLC2A1 are the cause of dystonia type 18 (DYT18) [MIM:612126]. DYT18 is an exercise-induced paroxysmal dystonia/dyskinesia. Dystonia is defined by the presence of sustained involuntary muscle contraction, often leading to abnormal postures. DYT18 is characterized by attacks of involuntary movements triggered by certain stimuli such as sudden movement or prolonged exercise. In some patients involuntary exertion-induced dystonic, choreoathetotic, and ballistic movements may be associated with macrocytic hemolytic anemia.
Sequence similarities	Belongs to the major facilitator superfamily. Sugar transporter (TC 2.A.1.1) family. Glucose transporter subfamily.
Post-translational modifications	Phosphorylated upon DNA damage, probably by ATM or ATR.
Cellular localization	Cell membrane. Melanosome. Localizes primarily at the cell surface (By similarity). Identified by mass spectrometry in melanosome fractions from stage I to stage IV.

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