Product datasheet

Anti-Growth Hormone antibody [GH-1] ab9821

Overview

Product name: Anti-Growth Hormone antibody [GH-1]
Description: Mouse monoclonal [GH-1] to Growth Hormone
Host species: Mouse
Tested applications: Suitable for: ELISA, Indirect ELISA, WB, Sandwich ELISA
Species reactivity: Reacts with: Human
Immunogen: Recombinant full length protein (Human).
Epitope: Ab9821 recognizes a different epitope than GH-2 (ab9822).
General notes: This product was changed from ascites to tissue culture supernatant on 28/11/2017. Please note that the dilutions may need to be adjusted accordingly.

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 or -80°C. Avoid freeze / thaw cycle.
Storage buffer: pH: 7.40
Preservative: 0.1% Sodium azide
Constituent: PBS
Purity: Protein A purified
Clonality: Monoclonal
Clone number: GH-1
Myeloma: unknown
Isotype: IgG1
Light chain type: unknown

Applications

Our Abpromise guarantee covers the use of ab9821 in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.
Function
Plays an important role in growth control. Its major role in stimulating body growth is to stimulate the liver and other tissues to secrete IGF-1. It stimulates both the differentiation and proliferation of myoblasts. It also stimulates amino acid uptake and protein synthesis in muscle and other tissues.

Involvement in disease
Defects in GH1 are a cause of growth hormone deficiency isolated type 1A (IGHD1A) [MIM:262400]; also known as pituitary dwarfism I. IGHD1A is an autosomal recessive deficiency of GH which causes short stature. IGHD1A patients have an absence of GH with severe dwarfism and often develop anti-GH antibodies when given exogenous GH.
Defects in GH1 are a cause of growth hormone deficiency isolated type 1B (IGHD1B) [MIM:612781]; also known as dwarfism of Sindh. IGHD1B is an autosomal recessive deficiency of GH which causes short stature. IGHD1B patients have low but detectable levels of GH. Dwarfism is less severe than in IGHD1A and patients usually respond well to exogenous GH.
Defects in GH1 are the cause of Kowarski syndrome (KWKS) [MIM:262650]; also known as pituitary dwarfism VI.
Defects in GH1 are a cause of growth hormone deficiency isolated type 2 (IGHD2) [MIM:173100]. IGHD2 is an autosomal dominant deficiency of GH which causes short stature. Clinical severity is variable. Patients have a positive response and immunologic tolerance to growth hormone therapy.

Sequence similarities
Belongs to the somatotropin/prolactin family.

Cellular localization
Secreted.

<table>
<thead>
<tr>
<th>Application</th>
<th>Abreviews</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELISA</td>
<td></td>
<td>1/250.</td>
</tr>
<tr>
<td>Indirect ELISA</td>
<td></td>
<td>1/1000 - 1/10000.</td>
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<tr>
<td>Sandwich ELISA</td>
<td></td>
<td>Use at an assay dependent dilution.</td>
</tr>
</tbody>
</table>

Target

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Images
Western blot of human growth hormone using ab9821 at a concentration of 1 µg/ml.

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