


Product datasheet

Anti-MASS1 antibody - N-terminal ab188940

1 Image

Overview

Product name	Anti-MASS1 antibody - N-terminal
Description	Rabbit polyclonal to MASS1 - N-terminal
Host species	Rabbit
Specificity	BLAST analysis of the peptide immunogen showed no homology with other Human proteins, except ANXA3 (50%).
Tested applications	Suitable for: IHC-P
Species reactivity	Reacts with: Human Predicted to work with: Horse, Dog, Monkey, Gorilla 
Immunogen	Synthetic peptide corresponding to Human MASS1 (N terminal). 20 amino acids. Database link: Q8WXG9
Positive control	Human kidney, renal tubules tissue.

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	Preservative: 0.1% Sodium azide Constituent: 99% PBS
Purity	Immunogen affinity purified
Clonality	Polyclonal
Isotype	IgG

Applications

Our [Abpromise guarantee](#) covers the use of **ab188940** in the following tested applications.

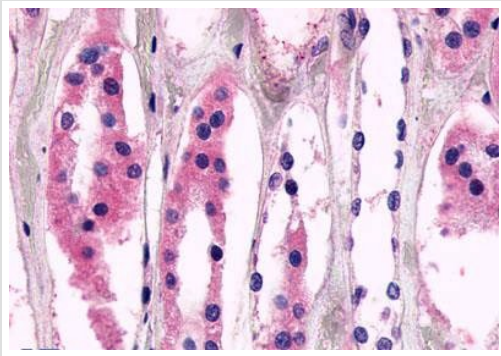
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
IHC-P		Use a concentration of 4 - 9 µg/ml. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Target

Function	Receptor that may have an important role in the development of the central nervous system.
Tissue specificity	Expressed at low levels in adult tissues.
Involvement in disease	<p>Defects in GPR98 are the cause of Usher syndrome type 2C (USH2C) [MIM:605472]. USH is a genetically heterogeneous condition characterized by the association of retinitis pigmentosa with sensorineural deafness. Age at onset and differences in auditory and vestibular function distinguish Usher syndrome type 1 (USH1), Usher syndrome type 2 (USH2) and Usher syndrome type 3 (USH3). USH2 is characterized by congenital mild hearing impairment with normal vestibular responses.</p> <p>Defects in GPR98 may be a cause of familial febrile convulsions type 4 (FEB4) [MIM:604352]; also known as familial febrile seizures 4. Febrile convulsions are seizures associated with febrile episodes in childhood without any evidence of intracranial infection or defined pathologic or traumatic cause. It is a common condition, affecting 2-5% of children aged 3 months to 5 years. The majority are simple febrile seizures (generally defined as generalized onset, single seizures with a duration of less than 30 minutes). Complex febrile seizures are characterized by focal onset, duration greater than 30 minutes, and/or more than one seizure in a 24 hour period. The likelihood of developing epilepsy following simple febrile seizures is low. Complex febrile seizures are associated with a moderately increased incidence of epilepsy.</p>
Sequence similarities	<p>Belongs to the G-protein coupled receptor 2 family. LN-TM7 subfamily.</p> <p>Contains 35 Calx-beta domains.</p> <p>Contains 6 EAR repeats.</p> <p>Contains 1 GPS domain.</p>
Developmental stage	Isoform 1 is 4 times more abundant than isoform 2 in most tissues tested, despite wide variations in absolute levels of expression. Isoform 3 is expressed at about 1.5 times isoform 1 levels in most tissues examined. In fetal testis, isoform 3 is expressed almost exclusively.
Cellular localization	Cell membrane.

Images



Immunohistochemical analysis of formalin-fixed, paraffin-embedded Human kidney, renal tubules tissue labeling MASS1 with ab188940 at 9 µg/ml.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-MASS1 antibody - N-terminal (ab188940)

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