

# Human CXCR4 knockout HeLa cell line ab255383

1 Image

### Overview

<b>Product name</b>	Human CXCR4 knockout HeLa cell line
<b>Parental Cell Line</b>	HeLa
<b>Organism</b>	Human
<b>Mutation description</b>	Knockout achieved by using CRISPR/Cas9, Homozygous: 1 bp insertion in exon 2
<b>Passage number</b>	<20
<b>Knockout validation</b>	Sanger Sequencing
<b>Biosafety level</b>	2
<b>General notes</b>	<p><b>Recommended control:</b> Human wild-type HeLa cell line (<a href="#">ab255448</a>). Please note a wild-type cell line is not automatically included with a knockout cell line order, if required please add recommended wild-type cell line at no additional cost using the code WILDTYPE-TMTK1.</p> <p><b>Cryopreservation cell medium:</b> Cell Freezing Medium-DMSO Serum free media, contains 8.7% DMSO in MEM supplemented with methyl cellulose.</p> <p><b>Culture medium:</b> DMEM (High Glucose) + 10% FBS</p> <p><b>Initial handling guidelines:</b> Upon arrival, the vial should be stored in liquid nitrogen vapor phase and not at -80°C. Storage at -80°C may result in loss of viability.</p> <ol style="list-style-type: none"> <li>1. Thaw the vial in 37°C water bath for approximately 1-2 minutes.</li> <li>2. Transfer the cell suspension (0.8 mL) to a 15 mL/50 mL conical sterile polypropylene centrifuge tube containing 8.4 mL pre-warmed culture medium, wash vial with an additional 0.8 mL culture medium (total volume 10 mL) to collect remaining cells, and centrifuge at 201 x g (rcf) for 5 minutes at room temperature. 10 mL represents minimum recommended dilution. 20 mL represents maximum recommended dilution.</li> <li>3. Resuspend the cell pellet in 5 mL pre-warmed culture medium and count using a haemocytometer or alternative cell counting method. Based on cell count, seed cells in an appropriate cell culture flask at a density of <math>2 \times 10^4</math> cells/cm<sup>2</sup>. Seeding density is given as a guide only and should be scaled to align with individual lab schedules.</li> <li>4. Incubate the culture at 37°C incubator with 5% CO<sub>2</sub>. Cultures should be monitored daily.</li> </ol> <p><b>Subculture guidelines:</b></p> <p>All seeding densities should be based on cell counts gained by established methods. A guide seeding density of <math>2 \times 10^4</math> cells/cm<sup>2</sup> is recommended.</p> <p>A partial media change 24 hours prior to subculture may be helpful to encourage growth, if required.</p> <p>Cells should be passaged when they have achieved 80-90% confluence.</p>

This product is subject to limited use licenses from The Broad Institute, ERS Genomics Limited and Sigma-Aldrich Co. LLC, and is developed with patented technology. For full details of the licenses and patents please refer to our [limited use license](#) and [patent pages](#).

We will provide viable cells that proliferate on revival.

## Properties

<b>Number of cells</b>	1 x 10 <sup>6</sup> cells/vial, 1 mL
<b>Adherent /Suspension</b>	Adherent
<b>Tissue</b>	Cervix
<b>Cell type</b>	epithelial
<b>Disease</b>	Adenocarcinoma
<b>Gender</b>	Female
<b>STR Analysis</b>	Amelogenin X D5S818: 11, 12 D13S317: 12, 13.3 D7S820: 8, 12 D16S539: 9, 10 vWA: 16, 18 TH01: 7 TPOX: 8, 12 CSF1PO: 9, 10
<b>Mycoplasma free</b>	Yes
<b>Storage instructions</b>	Shipped on Dry Ice. Store in liquid nitrogen.
<b>Storage buffer</b>	Constituents: 8.7% Dimethylsulfoxide, 2% Cellulose, methyl ether

## Target

<b>Function</b>	Receptor for the C-X-C chemokine CXCL12/SDF-1 that transduces a signal by increasing intracellular calcium ions levels and enhancing MAPK1/MAPK3 activation. Acts as a receptor for extracellular ubiquitin; leading to enhance intracellular calcium ions and reduce cellular cAMP levels. Involved in haematopoiesis and in cardiac ventricular septum formation. Plays also an essential role in vascularization of the gastrointestinal tract, probably by regulating vascular branching and/or remodeling processes in endothelial cells. Could be involved in cerebellar development. In the CNS, could mediate hippocampal-neuron survival. Acts as a coreceptor (CD4 being the primary receptor) for HIV-1 X4 isolates and as a primary receptor for some HIV-2 isolates. Promotes Env-mediated fusion of the virus.
<b>Tissue specificity</b>	Expressed in numerous tissues, such as peripheral blood leukocytes, spleen, thymus, spinal cord, heart, placenta, lung, liver, skeletal muscle, kidney, pancreas, cerebellum, cerebral cortex and medulla (in microglia as well as in astrocytes), brain microvascular, coronary artery and umbilical cord endothelial cells. Isoform 1 is predominant in all tissues tested.
<b>Involvement in disease</b>	Defects in CXCR4 are a cause of WHIM syndrome (WHIM) [MIM:193670]; also known as warts, hypogammaglobulinemia, infections and myelokathexis. WHIM syndrome is an immunodeficiency disease characterized by neutropenia, hypogammaglobulinemia and extensive human papillomavirus (HPV) infection. Despite the peripheral neutropenia, bone marrow aspirates from affected individuals contain abundant mature myeloid cells, a condition termed myelokathexis.
<b>Sequence similarities</b>	Belongs to the G-protein coupled receptor 1 family.
<b>Domain</b>	The amino-terminus is critical for ligand binding. Residues in all four extracellular regions contribute to HIV-1 coreceptor activity.
<b>Post-translational modifications</b>	Phosphorylated on agonist stimulation. Rapidly phosphorylated on serine and threonine residues in the C-terminal. Phosphorylation at Ser-324 and Ser-325 leads to recruitment of ITCH,

ubiquitination and protein degradation.

Ubiquitinated by ITCH at the cell membrane on agonist stimulation. The ubiquitin-dependent mechanism, endosomal sorting complex required for transport (ESCRT), then targets CXCR4 for lysosomal degradation. This process is dependent also on prior Ser-/Thr-phosphorylation in the C-terminal of CXCR4. Also binding of ARRB1 to STAM negatively regulates CXCR4 sorting to lysosomes though modulating ubiquitination of SFR5S.

Sulfation on Tyr-21 is required for efficient binding of CXCL12/SDF-1alpha and promotes its dimerization.

O- and N-glycosylated. Asn-11 is the principal site of N-glycosylation. There appears to be very little or no glycosylation on Asn-176. N-glycosylation masks coreceptor function in both X4 and R5 laboratory-adapted and primary HIV-1 strains through inhibiting interaction with their Env glycoproteins. The O-glycosylation chondroitin sulfate attachment does not affect interaction with CXCL12/SDF-1alpha nor its coreceptor activity.

## Cellular localization

Cell membrane. In unstimulated cells, diffuse pattern on plasma membrane. On agonist stimulation, colocalizes with ITCH at the plasma membrane where it becomes ubiquitinated.

## Images



Homozygous: 1 bp insertion in exon 2.

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

## Our Abpromise to you: Quality guaranteed and expert technical support

- Replacement or refund for products not performing as stated on the datasheet
- Valid for 12 months from date of delivery
- Response to your inquiry within 24 hours
- We provide support in Chinese, English, French, German, Japanese and Spanish
- Extensive multi-media technical resources to help you
- We investigate all quality concerns to ensure our products perform to the highest standards

If the product does not perform as described on this datasheet, we will offer a refund or replacement. For full details of the Abpromise, please visit <https://www.abcam.com/abpromise> or contact our technical team.

## Terms and conditions

- Guarantee only valid for products bought direct from Abcam or one of our authorized distributors