

### Human FHL1 knockout HeLa cell line ab266011

3 Images

#### Overview

<b>Product name</b>	Human FHL1 knockout HeLa cell line
<b>Parental Cell Line</b>	HeLa
<b>Organism</b>	Human
<b>Mutation description</b>	Knockout achieved by using CRISPR/Cas9, 1 bp deletion in exon 4 and Insertion of the selection cassette in exon 4
<b>Passage number</b>	<20
<b>Knockout validation</b>	Sanger Sequencing, Western Blot (WB)
<b>Tested applications</b>	<b>Suitable for:</b> WB
<b>Biosafety level</b>	2
<b>General notes</b>	<p><b>Recommended control:</b> Human wild-type HeLa cell line (<a href="#">ab255928</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</p>

required.

Cells should be passaged when they have achieved 80-90% confluence.

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We will provide viable cells that proliferate on revival.

## Properties

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<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

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<b>Function</b>	May have an involvement in muscle development or hypertrophy.
<b>Tissue specificity</b>	Isoform 1 is highly expressed in skeletal muscle and to a lesser extent in heart, placenta, ovary, prostate, testis, small intestine, colon and spleen. Expression is barely detectable in brain, lung, liver, kidney, pancreas, thymus and peripheral blood leukocytes. Isoform 2 is expressed in brain, skeletal muscle and to a lesser extent in heart, colon, prostate and small intestine. Isoform 3 is expressed in testis, heart and skeletal muscle.
<b>Involvement in disease</b>	<p>Defects in FHL1 are the cause of X-linked dominant scapuloperoneal myopathy (SPM) [MIM:300695]. Scapuloperoneal syndrome (SPS) was initially described more than 120 years ago by Jules Broussard as 'une forme hereditaire d'atrophie musculaire progressive' beginning in the lower legs and affecting the shoulder region earlier and more severely than distal arm. The etiology of this condition remains unclear.</p> <p>Defects in FHL1 are the cause of X-linked myopathy with postural muscle atrophy (XMPMA) [MIM:300696]. Myopathies are inherited muscle disorders characterized by weakness and atrophy of voluntary skeletal muscle, and several types of myopathy also show involvement of cardiac muscle. XMPMA is a distinct form of adult-onset X-linked recessive myopathy with several features in common with other myopathies, but the presentation of a pseudoathletic phenotype, scapuloperoneal weakness, and bent spine is unique and might render the clinical phenotype distinguishable from other myopathies.</p> <p>Defects in FHL1 are the cause of X-linked severe early-onset reducing body myopathy (RBM) [MIM:300717]. RBM is a rare muscle disorder causing progressive muscular weakness and characteristic intracytoplasmic inclusions in myofibers. Clinical presentations of RBM have ranged from early onset fatal to childhood onset to adult onset cases.</p>

Defects in FHL1 are the cause of X-linked childhood-onset reducing body myopathy (CO-RBM) [MIM:300718]. This disorder is allelic to severe early-onset reducing body myopathy (RBM) [MIM:300717].

#### Sequence similarities

Contains 3 LIM zinc-binding domains.

#### Developmental stage

Elevated levels during postnatal muscle growth.

#### Cellular localization

Cytoplasm; Cytoplasm. Nucleus and Nucleus. Cytoplasm > cytosol. Predominantly nuclear in myoblasts but is cytosolic in differentiated myotubes.

### Applications

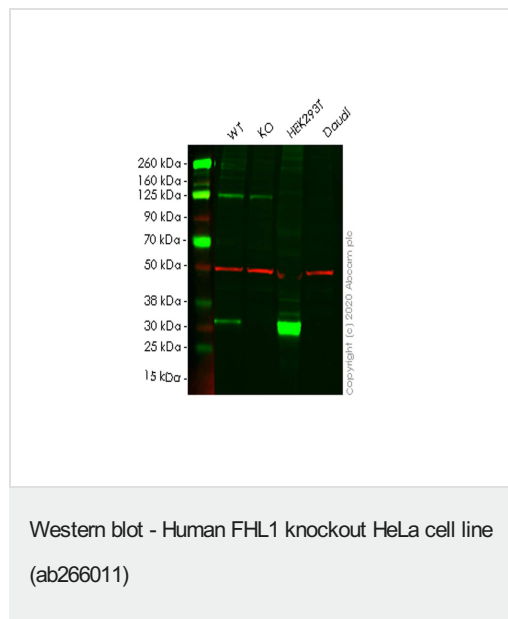
#### The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab266011 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
<b>WB</b>		Use at an assay dependent concentration. Predicted molecular weight: 36 kDa.

### Images



**All lanes :** Anti-FHL1 antibody [EPR22842-95] (**ab255828**) at 1/1000 dilution

**Lane 1 :** Wild-type HeLa cell lysate

**Lane 2 :** FHL1 knockout HeLa cell lysate

**Lane 3 :** HEK293T cell lysate

**Lane 4 :** Daudi cell lysate

Lysates/proteins at 20 µg per lane.

#### Secondary

**All lanes :** Goat anti-Rabbit IgG H&L (IRDye® 800CW) preadsorbed (**ab216773**) at 1/10000 dilution

**Predicted band size:** 36 kDa

**Observed band size:** 32 kDa

**Lanes 1-4:** Merged signal (red and green). Green - **ab255828** observed at 32 kDa. Red - loading control **ab7291** observed at 50 kDa.

**ab255828** Anti-FHL1 antibody [EPR22842-95] was shown to specifically react with FHL1 in wild-type HeLa cells. Loss of signal

was observed when knockout cell line ab266011 (knockout cell lysate **ab257952**) was used. Wild-type and FHL1 knockout samples were subjected to SDS-PAGE. **ab255828** and Anti-alpha Tubulin antibody [DM1A] - Loading Control (**ab7291**) were incubated overnight at 4°C at 1 in 1000 dilution and 1 in 20000 dilution respectively. Blots were developed with Goat anti-Rabbit IgG H&L (IRDye® 800CW) preadsorbed (**ab216773**) and Goat anti-Mouse IgG H&L (IRDye® 680RD) preadsorbed (**ab216776**) secondary antibodies at 1 in 20000 dilution for 1 hour at room temperature before imaging.

Mut	GACAACAAGATCCTGTGCAACAAGTGCAC-CTCGGGAGGACTCCCCAAGTGCAAGGGG
WT	GACAACAAGATCCTGTGCAACAAGTGCACCTCGGGAGGACTCCCCAAGTGCAAGGGG

Sanger Sequencing - Human FHL1 knockout HeLa cell line (ab266011)

Allele-1: 1 bp deletion in exon 4.

Mut	ATCCTGTGCAACAAGTGCAC*****Insertion*****CACTCGGGAGGACTCCCCA
WT	ATCCTGTGCAACAAGTGCAC CACTCGGGAGGACTCCCCA

Sanger Sequencing - Human FHL1 knockout HeLa cell line (ab266011)

Allele-2: Insertion of the selection cassette in exon 4.

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

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