abcam

Product datasheet

Alexa Fluor® 647 Anti-CPT2 antibody [EPR13626] - C-terminal ab210037

Recombinant RabMAb

2 Images

Overview

Product name	Alexa Fluor® 647 Anti-CPT2 antibody [EPR13626] - C-terminal
Description	Alexa Fluor® 647 Rabbit monoclonal [EPR13626] to CPT2 - C-terminal
Host species	Rabbit
Conjugation	Alexa Fluor® 647. Ex: 652nm, Em: 668nm
Tested applications	**Suitable for:** Flow Cyt (Intra)
Species reactivity	**Reacts with:** Human **Predicted to work with:** Mouse, Rat
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
Positive control	Flow Cyt (Intra): HepG2 cells.

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. Avoid freeze / thaw cycle. Store In the Dark.
Storage buffer	pH: 7.40 Preservative: 0.02% Sodium azide Constituents: PBS, 1% BSA, 30% Glycerol (glycerin, glycerine)
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EPR13626
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab210037 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
Flow Cyt (Intra)		1/500.

Target

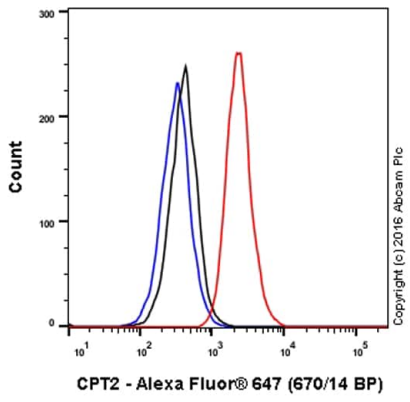
Pathway Lipid metabolism; fatty acid beta-oxidation.

Involvement in disease Defects in CPT2 are the cause of carnitine palmitoyltransferase 2 deficiency (CPT2D) [MIM:255110, 600649]; also known as CPT-II deficiency or CPT2 deficiency. CPT2D is an autosomal recessive disorder characterized by recurrent myoglobinuria, episodes of muscle pain, stiffness, and rhabdomyolysis. These symptoms are triggered by prolonged exercise, fasting or viral infection and patients are usually young adults. In addition to this classical, late-onset, muscular type, a hepatic or hepatocardiomuscular form has been reported in infants. Clinical pictures in these children or neonates include hypoketotic hypoglycemia, liver dysfunction, cardiomyopathy and sudden death.
Defects in CPT2 are the cause of carnitine palmitoyltransferase 2 deficiency, lethal neonatal (CPT2D-LN) [MIM:608836]; also known as lethal neonatal CPT-II deficiency. It is a lethal neonatal form of CPT2D. This rarely presentation is antenatal with cerebral periventricular cysts and cystic dysplastic kidneys. The clinical variability of the disease is likely attributed to the variable residual enzymatic activity.

Sequence similarities Belongs to the carnitine/choline acetyltransferase family.

Cellular localization Mitochondrion inner membrane.

Images



Flow Cytometry (Intracellular) - Alexa Fluor® 647 Anti-CPT2 antibody [EPR13626] - C-terminal (ab210037)

Overlay histogram showing HepG2 cells stained with ab210037 (red line). The cells were fixed with 4% formaldehyde (10 min) and then permeabilized with 0.1% PBS-Triton X-100 for 15 min. The cells were then incubated in 1x PBS / 10% normal goat serum to block non-specific protein-protein interactions followed by the antibody (ab210037, 1/500 dilution) for 30 min at 22°C.

Isotype control antibody (black line) was Rabbit IgG (monoclonal) Alexa Fluor® 647 (**ab199093**) used at the same concentration and conditions as the primary antibody. Unlabelled sample (blue line) was also used as a control.

Acquisition of >5,000 events were collected using a 40 mW Red laser (640nm) and 670/14 bandpass filter.

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