abcam

Product datasheet

Anti-ATHL1 antibody [EPR13421] - BSA and Azide free ab251424



5 Images

Overview

Product name Anti-ATHL1 antibody [EPR13421] - BSA and Azide free

Description Rabbit monoclonal [EPR13421] to ATHL1 - BSA and Azide free

Host species Rabbit

Tested applications Suitable for: WB, ICC/IF

Reacts with: Human Species reactivity

Immunogen Recombinant fragment. This information is proprietary to Abcam and/or its suppliers.

General notes ab251424 is the carrier-free version of ab205302.

> Our carrier-free antibodies are typically supplied in a PBS-only formulation, purified and free of BSA, sodium azide and glycerol. The carrier-free buffer and high concentration allow for increased conjugation efficiency.

This conjugation-ready format is designed for use with fluorochromes, metal isotopes, oligonucleotides, and enzymes, which makes them ideal for antibody labelling, functional and cellbased assays, flow-based assays (e.g. mass cytometry) and Multiplex Imaging applications.

Use our conjugation kits for antibody conjugates that are ready-to-use in as little as 20 minutes with <1 minute hands-on-time and 100% antibody recovery: available for fluorescent dyes, HRP, biotin and gold.

This product is compatible with the Maxpar® Antibody Labeling Kit from Fluidigm, without the need for antibody preparation. Maxpar[®] is a trademark of Fluidigm Canada Inc.

This product is a recombinant monoclonal antibody, which offers several advantages including:

- High batch-to-batch consistency and reproducibility
- Improved sensitivity and specificity
- Long-term security of supply
- Animal-free production

For more information see here.

Our RabMAb® technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to **RabMAb**® patents.

Properties

Form Liquid

Storage instructions Shipped at 4°C. Store at +4°C. Do Not Freeze.

Storage buffer pH: 7.2

Constituent: PBS

Carrier free Yes

ClonalityMonoclonalClone numberEPR13421

Isotype IgG

Applications

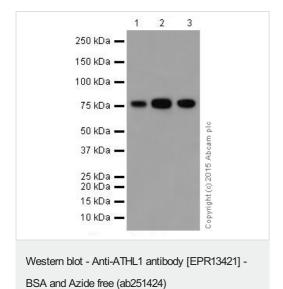
The Abpromise guarantee Our Abpromise guarantee covers the use of ab251424 in the following tested applications.

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

Application	Abreviews	Notes
WB		Use at an assay dependent concentration. Detects a band of approximately 80 kDa (predicted molecular weight: 80 kDa).
ICC/IF		Use at an assay dependent concentration.

Target

Images



All lanes : Anti-ATHL1 antibody [EPR13421] (<u>ab205302</u>) at 1/1000 dilution

Lane 1: Human fetal liver tissue lysate

Lane 2: BxPC-3 (Human pancreas adenocarcinoma cells) whole

cell lysate

Lane 3: MCF7 (Human breast adenocarcinoma cell line) whole

cell lysate

Lysates/proteins at 10 µg per lane.

Secondary

All lanes : Anti-Rabbit $\lg G$ (HRP), specific to the non-reduced form of $\lg G$ at 1/10000 dilution

Predicted band size: 80 kDa

Observed band size: 80 kDa

Exposure time: 1 minute

This data was developed using <u>ab205302</u>, the same antibody clone in a different buffer formulation.

Blocking and dilution buffer: 5% NFDM/TBST.

Anti-ATHL1 antibody [EPR13421] (<u>ab205302</u>) at 1/1000 dilution + Human fetal kidney tissue lysate at 10 µg

Secondary

Anti-Rabbit lgG (HRP), specific to the non-reduced form of lgG at 1/10000 dilution

Predicted band size: 80 kDa Observed band size: 80 kDa

Exposure time: 3 minutes

H&L) at 1/1000 dilution.

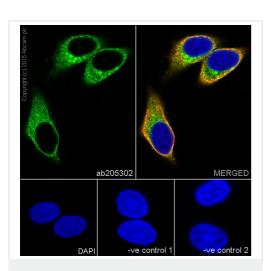
This data was developed using <u>ab205302</u>, the same antibody clone in a different buffer formulation.

Blocking and dilution buffer: 5% NFDM/TBST.

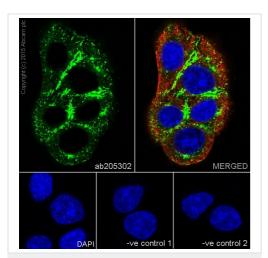
This data was developed using <u>ab205302</u>, the same antibody clone in a different buffer formulation.Immunofluorescent analysis of 100% Methanol-fixed, 0.1% Triton X-100 permeabilized MCF7 (Human breast adenocarcinoma cell line) cells labeling ATHL1 with <u>ab205302</u> at 1/250 dilution, followed by Goat anti-rabbit lgG (Alexa Fluor® 488) (<u>ab150077</u>) secondary antibody at 1/1000 dilution (green).Confocal image showing cytoplasmic staining on MCF-7 cell line.The nuclear counterstain is DAPI (blue).Tubulin is detected with <u>ab7291</u> (anti-Tubulin mouse mAb) at 1/1000 dilution and <u>ab150120</u> (AlexaFluor®594 Goat anti-Mouse secondary) at 1/1000 dilution (red).The negative controls are as follows:--ve control 1: <u>ab205302</u> at 1/250 dilution followed by <u>ab150120</u> (AlexaFluor®594 Goat anti-Mouse secondary) at 1/1000 dilution. -ve control 2: <u>ab7291</u> (anti-Tubulin mouse mAb) at 1/1000 dilution followed by <u>ab150077</u> (Alexa Fluor®488 Goat Anti-Rabbit lgG

250 kDa — 150 kDa — 100 kDa — 75 kDa — 50 kDa — 37 kDa — 25 kDa — 20 kDa — 15 kDa — 10 kDa — 10 kDa —

Western blot - Anti-ATHL1 antibody [EPR13421] - BSA and Azide free (ab251424)



Immunocytochemistry/ Immunofluorescence - Anti-ATHL1 antibody [EPR13421] - BSA and Azide free (ab251424)



Immunocytochemistry/ Immunofluorescence - Anti-ATHL1 antibody [EPR13421] - BSA and Azide free (ab251424)

This data was developed using <u>ab205302</u>, the same antibody clone in a different buffer formulation.lmmunofluorescent analysis of 100% Methanol-fixed, 0.1% Triton X-100 permeabilized BxPC-3 (Human pancreas adenocarcinoma cells) cells labeling ATHL1 with ab205302 at 1/250 dilution, followed by Goat anti-rabbit IgG (Alexa Fluor® 488) (ab150077) secondary antibody at 1/1000 dilution (green). Confocal image showing cytoplasmic staining on BxPC-3 cell line. The nuclear counterstain is DAPI (blue). Tubulin is detected with ab7291 (anti-Tubulin mouse mAb) at 1/1000 dilution and ab150120 (AlexaFluor®594 Goat anti-Mouse secondary) at 1/1000 dilution (red). The negative controls are as follows:--ve control 1: ab205302 at 1/250 dilution followed by ab150120 (AlexaFluor®594 Goat anti-Mouse secondary) at 1/1000 dilution. -ve control 2: ab7291 (anti-Tubulin mouse mAb) at 1/1000 dilution followed by ab150077 (Alexa Fluor®488 Goat Anti-Rabbit IgG H&L) at 1/1000 dilution.



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

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