

Product datasheet

Anti-FHL1 antibody ab95199

2 Images

Overview

Product name	Anti-FHL1 antibody
Description	Rabbit polyclonal to FHL1
Host species	Rabbit
Tested applications	Suitable for: WB, IHC-P
Species reactivity	Reacts with: Human Predicted to work with: Sheep, Rabbit, Cow, Dog, Pig, Macaque monkey, Gorilla, Orangutan



Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
Positive control	Recombinant Human FHL1 protein (ab114384) can be used as a positive control in WB. This antibody gave a positive signal in Human Skeletal muscle tissue lysate.
General notes	<p>The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing.</p> <p>If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As</p>

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 or -80°C. Avoid freeze / thaw cycle.
Storage buffer	pH: 7.40 Preservative: 0.02% Sodium azide Constituent: PBS
Purity	Immunogen affinity purified

Batches of this product that have a concentration < 1mg/ml may have BSA added as a stabilising agent. If you would like information about the formulation of a specific lot, please contact our scientific support team who will be happy to help.

Clonality	Polyclonal
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab95199 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 a concentration of 1 µg/ml. Detects a band of approximately 36 kDa (predicted molecular weight: 36 kDa).
IHC-P		Use a concentration of 1 µg/ml. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

Target

Function May have an involvement in muscle development or hypertrophy.

Tissue specificity 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.

Involvement in disease Defects in FHL1 are the cause of X-linked dominant scapulooperoneal myopathy (SPM) [MIM:300695]. Scapulooperoneal 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.

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, scapulooperoneal weakness, and bent spine is unique and might render the clinical phenotype distinguishable from other myopathies.

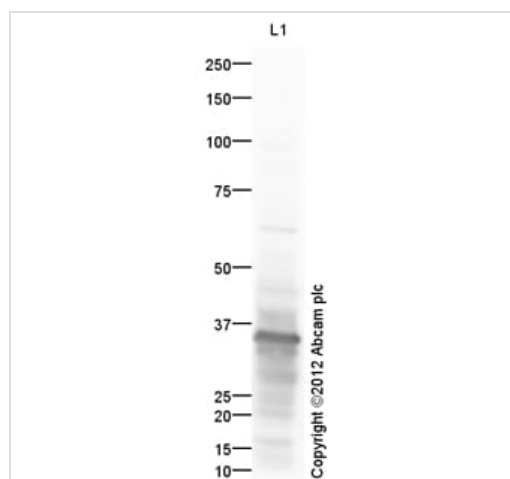
Defects in FHL1 are the cause of X-linked severe early-onset reducing body myopathy (RBM) [MIM:300717]. RBM is a rare muscle disorder causing progressive muscular weakness and characteristic intracytoplasmic inclusions in myofibers. Clinical presentations of RBM have ranged from early onset fatal to childhood onset to adult onset cases.

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.



Western blot - Anti-FHL1 antibody (ab95199)

Anti-FHL1 antibody (ab95199) at 1 µg/ml + Human skeletal muscle tissue lysate - total protein ([ab29330](#)) at 10 µg

Secondary

Goat Anti-Rabbit IgG H&L (HRP) preadsorbed ([ab97080](#)) at 1/5000 dilution

Developed using the ECL technique.

Performed under reducing conditions.

Predicted band size: 36 kDa

Observed band size: 36 kDa

Exposure time: 30 seconds



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FHL1 antibody (ab95199)

IHC image of FHL1 staining in human skeletal muscle formalin fixed paraffin embedded tissue section, performed on a Leica Bond™ system using the standard protocol F. The section was pre-treated using heat mediated antigen retrieval with sodium citrate buffer (pH6, epitope retrieval solution 1) for 20 mins. The section was then incubated with ab95199, 1 µg/ml, for 15 mins at room temperature and detected using an HRP conjugated compact polymer system. DAB was used as the chromogen. The section was then counterstained with haematoxylin and mounted with DPX.

For other IHC staining systems (automated and non-automated) customers should optimize variable parameters such as antigen retrieval conditions, primary antibody concentration and antibody incubation times.

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