


Product datasheet

Anti-FHL1 antibody [EPR7520] ab133661

Recombinant RabMAb

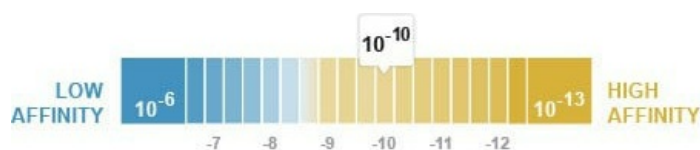
[4 References](#) [5 Images](#)

Overview

Product name	Anti-FHL1 antibody [EPR7520]
Description	Rabbit monoclonal [EPR7520] to FHL1
Host species	Rabbit
Tested applications	Suitable for: WB, IHC-P Unsuitable for: Flow Cyt or ICC/IF
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	Human fetal muscle lysate; Human colon and muscle tissues
General notes	This product is a recombinant monoclonal antibody, which offers several advantages including: <ul style="list-style-type: none"> - 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 -20°C. Stable for 12 months at -20°C.
Dissociation constant (K _D)	K _D = 1.01 x 10 ⁻¹⁰ M



[Learn more about K_D](#)

Storage buffer	pH: 7.20
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	Preservative: 0.01% Sodium azide
	Constituents: 9% PBS, 40% Glycerol (glycerin, glycerine), 0.05% BSA, 50% Tissue culture supernatant
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EPR7520
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab133661 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		1/1000 - 1/10000. Detects a band of approximately 32 kDa (predicted molecular weight: 36 kDa).
IHC-P		1/100 - 1/250. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.

Application notes Is unsuitable for Flow Cyt or ICC/IF.

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	<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> <p>Defects in FHL1 are the cause of X-linked childhood-onset reducing body myopathy (CO-RBM)</p>

[MIM:300718]. This disorder is allelic to severe early-onset reducing body myopathy (RBM) [MIM:300717].

Sequence similarities

Contains 3 LIM zinc-binding domains.

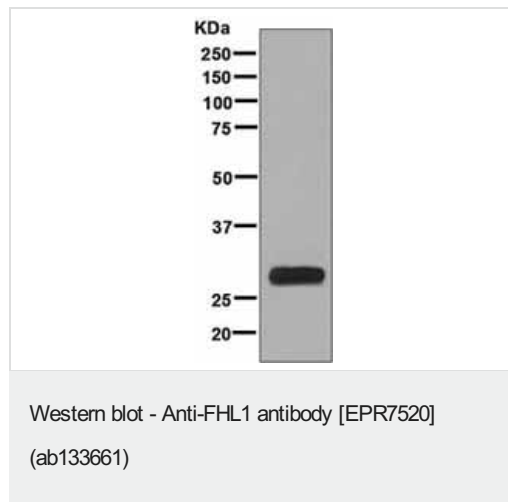
Developmental stage

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.

Images



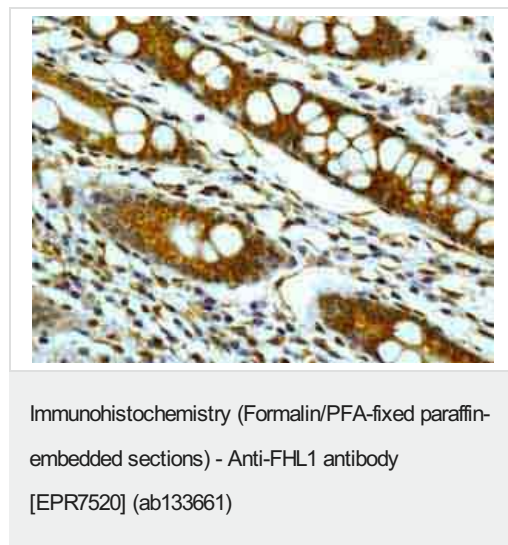
Anti-FHL1 antibody [EPR7520] (ab133661) at 1/1000 dilution +
Human fetal muscle tissue lysate at 10 µg

Secondary

HRP labelled Goat anti-Rabbit at 1/2000 dilution

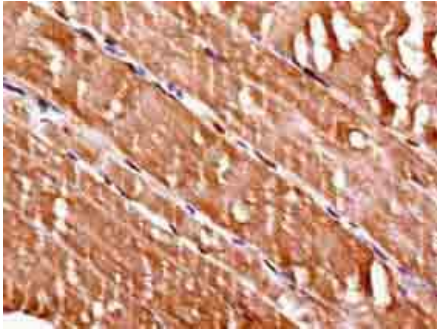
Predicted band size: 36 kDa

Observed band size: 32 kDa



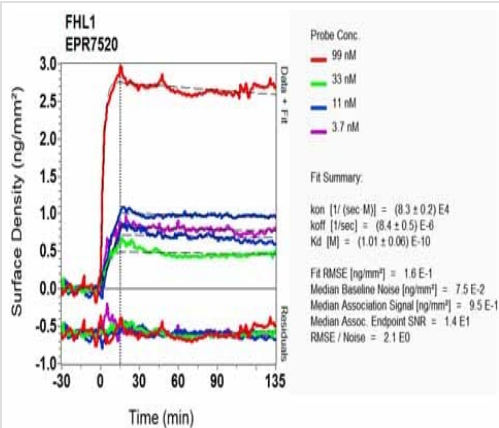
Immunohistochemistry analysis of FHL1 in paraffin embedded
Human colon tissue labelled with ab133661 at a 1/100 dilution.

Perform heat mediated antigen retrieval with citrate buffer pH 6
before commencing with IHC staining protocol.



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FHL1 antibody [EPR7520] (ab133661)

Immunohistochemistry analysis of FHL1 in paraffin embedded Human muscle tissue labelled with ab133661 at a 1/100 dilution. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.



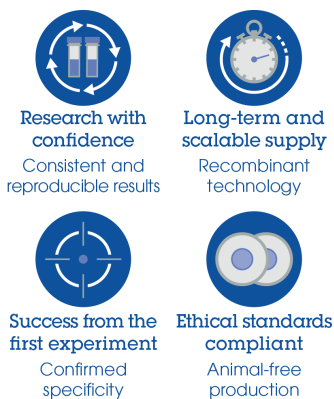
Osc-RD Scanning - Anti-FHL1 antibody [EPR7520] (ab133661)

Equilibrium disassociation constant (K_D)

Learn more about K_D

[Click here to learn more about \$K_D\$](#)

Why choose a recombinant antibody?



Anti-FHL1 antibody [EPR7520] (ab133661)

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