

## Product datasheet

# Anti-GBA antibody ab88300

[2 Images](#)

### Overview

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<b>Product name</b>	Anti-GBA antibody
<b>Description</b>	Mouse polyclonal to GBA
<b>Host species</b>	Mouse
<b>Tested applications</b>	<b>Suitable for:</b> WB
<b>Species reactivity</b>	<b>Reacts with:</b> Human
<b>Immunogen</b>	Full length human GBA (AAH03356.1)
<b>Positive control</b>	U-2 OS cell lysate and GBA transfected 293T cell lysate.
<b>General notes</b>	<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&amp;As</p>

### Properties

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<b>Form</b>	Liquid
<b>Storage instructions</b>	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
<b>Storage buffer</b>	pH: 7.40 Constituent: 100% PBS
<b>Purity</b>	Protein A purified
<b>Clonality</b>	Polyclonal
<b>Isotype</b>	IgG

### Applications

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**The Abpromise guarantee** Our **Abpromise guarantee** covers the use of ab88300 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. Predicted molecular weight: 60 kDa.

## Target

### Involvement in disease

Defects in GBA are the cause of Gaucher disease (GD) [MIM:230800]; also known as glucocerebrosidase deficiency. GD is the most prevalent lysosomal storage disease, characterized by accumulation of glucosylceramide in the reticulo-endothelial system. Different clinical forms are recognized depending on the presence (neuronopathic forms) or absence of central nervous system involvement, severity and age of onset.

Defects in GBA are the cause of Gaucher disease type 1 (GD1) [MIM:230800]; also known as adult non-neuronopathic Gaucher disease. GD1 is characterized by hepatosplenomegaly with consequent anemia and thrombopenia, and bone involvement. The central nervous system is not involved.

Defects in GBA are the cause of Gaucher disease type 2 (GD2) [MIM:230900]; also known as acute neuronopathic Gaucher disease. GD2 is the most severe form and is universally progressive and fatal. It manifests soon after birth, with death generally occurring before patients reach two years of age.

Defects in GBA are the cause of Gaucher disease type 3 (GD3) [MIM:231000]; also known as subacute neuronopathic Gaucher disease. GD3 has central nervous manifestations.

Defects in GBA are the cause of Gaucher disease type 3C (GD3C) [MIM:231005]; also known as pseudo-Gaucher disease or Gaucher-like disease.

Defects in GBA are the cause of Gaucher disease perinatal lethal (GDPL) [MIM:608013]. It is a distinct form of Gaucher disease type 2, characterized by fetal onset. Hydrops fetalis, in utero fetal death and neonatal distress are prominent features. When hydrops is absent, neurologic involvement begins in the first week and leads to death within 3 months. Hepatosplenomegaly is a major sign, and is associated with ichthyosis, arthrogyposis, and facial dysmorphism.

Note=Perinatal lethal Gaucher disease is associated with non-immune hydrops fetalis, a generalized edema of the fetus with fluid accumulation in the body cavities due to non-immune causes. Non-immune hydrops fetalis is not a diagnosis in itself but a symptom, a feature of many genetic disorders, and the end-stage of a wide variety of disorders.

Defects in GBA contribute to susceptibility to Parkinson disease (PARK) [MIM:168600]. A complex neurodegenerative disorder characterized by bradykinesia, resting tremor, muscular rigidity and postural instability. Additional features are characteristic postural abnormalities, dysautonomia, dystonic cramps, and dementia. The pathology of Parkinson disease involves the loss of dopaminergic neurons in the substantia nigra and the presence of Lewy bodies (intraneuronal accumulations of aggregated proteins), in surviving neurons in various areas of the brain. The disease is progressive and usually manifests after the age of 50 years, although early-onset cases (before 50 years) are known. The majority of the cases are sporadic suggesting a multifactorial etiology based on environmental and genetic factors. However, some patients present with a positive family history for the disease. Familial forms of the disease usually begin at earlier ages and are associated with atypical clinical features.

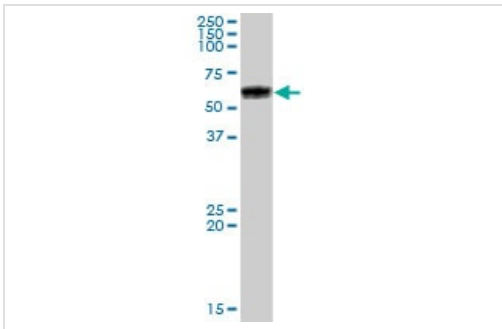
### Sequence similarities

Belongs to the glycosyl hydrolase 30 family.

### Cellular localization

Lysosome membrane. Interaction with saposin-C promotes membrane association.

## Images



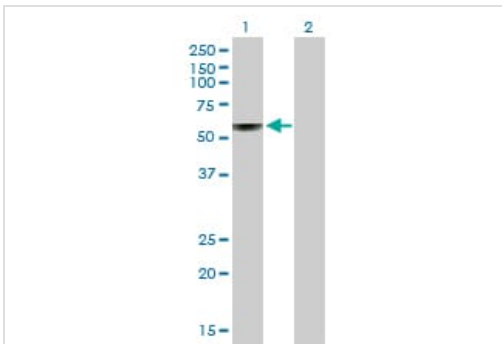
Western blot - Anti-GBA antibody (ab88300)

Anti-GBA antibody (ab88300) at 1 µg/ml + U-2 OS cell lysate at 50 µg

Developed using the ECL technique.

**Predicted band size:** 60 kDa

**Observed band size:** 60 kDa



Western blot - Anti-GBA antibody (ab88300)

**All lanes :** Anti-GBA antibody (ab88300) at 1 µg/ml

**Lane 1 :** GBA transfected 293T cell lysate

**Lane 2 :** Non-transfected 293T cell lysate

Lysates/proteins at 25 µg per lane.

Developed using the ECL technique.

**Predicted band size:** 60 kDa

**Observed band size:** 60 kDa

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

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