abcam

Product datasheet

Anti-GDF 5 antibody ab93855

11 References 2 Images

Overview

Product name Anti-GDF 5 antibody

Description Rabbit polyclonal to GDF 5

Host species Rabbit

Specificity From Jan 2024, QC testing of replenishment batches of this polyclonal changed. All tested and

expected application and reactive species combinations are still covered by our Abcam product promise. However, we no longer test all applications. For more information on a specific batch,

please contact our Scientific Support who will be happy to help.

Tested applications Suitable for: IHC-P, WB

Unsuitable for: ICC/IF

Species reactivity Reacts with: Human, Recombinant fragment

Predicted to work with: Mouse, Rat, Rabbit, Horse, Chicken, Dog, Baboon

Immunogen Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.

Positive control WB: Recombinant GDF 5 protein. IHC-P: Human normal pancreas tissue.

General notesThe 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.

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

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

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.

Purity Immunogen affinity purified

Clonality Polyclonal

Isotype IgG

Applications

The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab93855 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
IHC-P		Use a concentration of 5 µg/ml.
WB		Use a concentration of 1 µg/ml. Detects a band of approximately 13 kDa (predicted molecular weight: 55 kDa).

Application notes

Is unsuitable for ICC/IF.

Target

Function

Could be involved in bone and cartilage formation. Chondrogenic signaling is mediated by the high-affinity receptor BMPR1B.

Tissue specificity

Involvement in disease

Predominantly expressed in long bones during embryonic development.

Defects in GDF5 are the cause of acromesomelic chondrodysplasia Grebe type (AMDG) [MIM:200700]. Acromesomelic chondrodysplasias are rare hereditary skeletal disorders characterized by short stature, very short limbs, and hand/foot malformations. The severity of limb abnormalities increases from proximal to distal with profoundly affected hands and feet showing brachydactyly and/or rudimentary fingers (knob-like fingers). AMDG is an autosomal recessive form characterized by normal axial skeletons and missing or fused skeletal elements within the hands and feet.

Defects in GDF5 are the cause of acromesomelic chondrodysplasia Hunter-Thompson type (AMDH) [MIM:201250]. AMDH is an autosomal recessive form of dwarfism. Patients have limb abnormalities, with the middle and distal segments being most affected and the lower limbs more affected than the upper. AMDH is characterized by normal axial skeletons and missing or fused skeletal elements within the hands and feet.

Defects in GDF5 are the cause of brachydactyly type C (BDC) [MIM:113100]. BDC is an autosomal dominant disorder characterized by an abnormal shortness of the fingers and toes. Defects in GDF5 are the cause of Du Pan syndrome (DPS) [MIM:228900]; also known as fibular hypoplasia and complex brachydactyly. Du Pan syndrome is a rare autosomal recessive condition characterized by absence of the fibulae and severe acromesomelic limb shortening with small, non-functional toes. Although milder, the phenotype resembles the autosomal recessive Hunter-Thompson [MIM:201250] and Grebe types [MIM:200700] of acromesomelic chondrodysplasia. Defects in GDF5 are a cause of symphalangism proximal syndrome (SYM1) [MIM:185800]. SYM1 is characterized by the hereditary absence of the proximal interphalangeal (PIP) joints (Cushing symphalangism). Severity of PIP joint involvement diminishes towards the radial side. Distal interphalangeal joints are less frequently involved and metacarpophalangeal joints are

rarely affected whereas carpal bone malformation and fusion are common. In the lower extremities, tarsal bone coalition is common. Conducive hearing loss is seen and is due to fusion of the stapes to the petrous part of the temporal bone.

Defects in GDF5 are the cause of multiple synostoses syndrome type 2 (SYNS2) [MIM:610017]. Multiple synostoses syndrome is an autosomal dominant condition characterized by progressive joint fusions of the fingers, wrists, ankles and cervical spine, characteristic facies and progressive conductive deafness.

Defects in GDF5 are a cause of brachydactyly type A2 (BDA2) [MIM:112600]. Brachydactylies (BDs) are a group of inherited malformations characterized by shortening of the digits due to abnormal development of the phalanges and/or the metacarpals. They have been classified on an anatomic and genetic basis into five groups, A to E, including three subgroups (A1 to A3) that usually manifest as autosomal dominant traits.

Genetic variations in GDF5 are associated with susceptibility to osteoarthritis type 5 (OS5) [MIM:612400]. Osteoarthritis is a degenerative disease of the joints characterized by degradation of the hyaline articular cartilage and remodeling of the subchondral bone with sclerosis. Clinical symptoms include pain and joint stiffness often leading to significant disability and joint replacement.

Defects in GDF5 may be a cause of brachydactyly type A1 (BDA1) [MIM:112500]. Brachydactylies (BDs) are a group of inherited malformations characterized by shortening of the digits due to abnormal development of the phalanges and/or the metacarpals. They have been classified on an anatomic and genetic basis into five groups, A to E, including three subgroups (A1 to A3) that usually manifest as autosomal dominant traits.

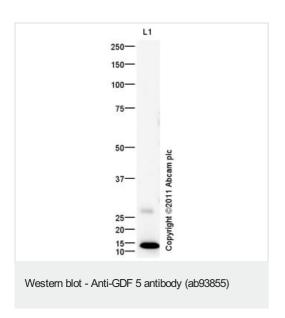
Sequence similarities

Cellular localization

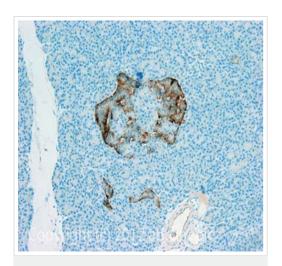
Belongs to the TGF-beta family.

Secreted.

Images



This antibody was tested against recombinant full length protein. Human GDF5 is a homodimer consisting of two 117 residue polypeptide chains.



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-GDF 5 antibody (ab93855)

IHC image of GDF 5 staining in Human normal pancreas formalin fixed paraffin embedded tissue section, performed on a Leica BondTM 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 ab93855, 5µg/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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