abcam

Product datasheet

Anti-IRSp53 antibody - C-terminal ab15697

★★★★★ 1 Abreviews 3 References 1 Image

Overview

Product name Anti-IRSp53 antibody - C-terminal

Description Goat polyclonal to IRSp53 - C-terminal

Host species Goat

Tested applications Suitable for: WB

Species reactivity Reacts with: Mouse, Dog, Human

Predicted to work with: Rat

Immunogen Synthetic peptide corresponding to Human IRSp53 aa 512-520 (C terminal).

Sequence:

C-SGSGTLVSTV

(Peptide available as ab23256)

Run BLAST with
Run BLAST with

Positive control WB: Human brain lysate.

General notesThis antibody is expected to recognise the human isoform 1 only of this protein.

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.

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: 7.30

Preservative: 0.02% Sodium azide

Constituents: 0.05% Tris buffered saline, 0.5% BSA

Purity Immunogen affinity purified

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Primary antibody notesThis antibody is expected to recognise the human isoform 1 only of this protein.

Clonality Polyclonal

Isotype IgG

Applications

The Abpromise guarantee

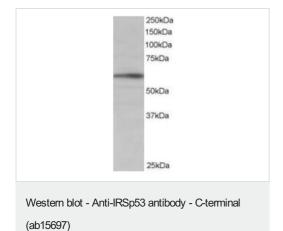
Our <u>Abpromise guarantee</u> covers the use of ab15697 in the following tested applications.

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

Application	Abreviews	Notes
WB	★★★★☆ (1)	Use a concentration of 1 - 3 µg/ml. Detects a band of approximately 60 kDa (predicted molecular weight: 60 kDa). 1 hour primary incubation is recommended for this product.

Target		
Function	Adapter protein that links membrane-bound small G-proteins to cytoplasmic effector proteins. Necessary for CDC42-mediated reorganization of the actin cytoskeleton and for RAC1-mediated membrane ruffling. Involved in the regulation of the actin cytoskeleton by WASF family members and the Arp2/3 complex. Plays a role in neurite growth. Acts syngeristically with ENAH to promote filipodia formation.	
Tissue specificity	Isoform 1 and isoform 4 are expressed almost exclusively in brain. Isoform 4 is barely detectable in placenta, prostate and testis. A short isoform is ubiquitous, with the highest expression in liver, prostate, testis and placenta.	
Sequence similarities	Contains 1 IMD (IRSp53/MIM homology) domain. Contains 1 SH3 domain.	
Domain	The IMD domain forms a coiled coil. The isolated domain can induce actin bundling and filopodia formation. In the absence of G-proteins intramolecular interaction between the IMD and the SH3 domain gives rise to an auto-inhibited state of the protein. Interaction of the IMD with RAC1 or CDC42 leads to activation. The SH3 domain interacts with ATN1, BAI1, WASF1, WASF2, SHANK1, DIAPH1 and ENAH.	
Post-translational modifications	Phosphorylated on tyrosine residues by INSR in response to insulin treatment.	
Cellular localization	Cytoplasm. Membrane. Cell projection > filopodium. Cell projection > ruffle. Detected throughout the cytoplasm in the absence of specific binding partners. Detected in filopodia and close to membrane ruffles.	

Images



Anti-IRSp53 antibody - C-terminal (ab15697) at 1 μ g/ml + Lysates prepared from human brain at 35 μ g

Predicted band size: 60 kDa

ab15697 staining (1μg/ml) of human brain lysate (RIPA buffer, 35μg total protein per lane). Primary incubated for 1 hour. Detected by western blot using chemiluminescence.

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

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