abcam

Product datasheet

Anti-SUR1 antibody ab32844

1 Abreviews 7 References

Overview

Product name	Anti-SUR1 antibody
Description	Rabbit polyclonal to SUR1
Host species	Rabbit
Tested applications	**Suitable for:** IHC-FoFr, ELISA, WB
Species reactivity	**Reacts with:** Mouse, Rat, Human
Immunogen	Synthetic peptide corresponding to SUR1 aa 1560-1582.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
Storage buffer	Preservative: 0.05% Sodium azide DiluObuffer: Hepes, NaCl, KCl, glycerol, BSA and chaotropic agents(proprietary information). Preservative: 0.05% Sodium Azide
Purity	Protein A purified
Clonality	Polyclonal
Isotype	IgG

Applications

Our Abpromise guarantee covers the use of **ab32844** 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-FoFr		Use at an assay dependent concentration. PubMed: 20304763
ELISA		1/10000 - 1/100000.
WB		1/500. Predicted molecular weight: 175 kDa.

Target

Function	Putative subunit of the beta-cell ATP-sensitive potassium channel (KATP). Regulator of ATP-sensitive K(+) channels and insulin release.
Involvement in disease	Defects in ABCC8 are a cause of leucine-induced hypoglycemia (LIH) [MIM:240800]; also known as leucine-sensitive hypoglycemia of infancy. LIH is a rare cause of hypoglycemia and is described as a condition in which symptomatic hypoglycemia is provoked by high protein feedings. Hypoglycemia is also elicited by administration of oral or intravenous infusions of a single amino acid, leucine. Defects in ABCC8 are the cause of familial hyperinsulinemic hypoglycemia type 1 (HHF1) [MIM:256450]; also known as persistent hyperinsulinemic hypoglycemia of infancy (PHHI) or congenital hyperinsulinism. HHF is the most common cause of persistent hypoglycemia in infancy and is due to defective negative feedback regulation of insulin secretion by low glucose levels. It causes nesidioblastosis, a diffuse abnormality of the pancreas in which there is extensive, often disorganized formation of new islets. Unless early and aggressive intervention is undertaken, brain damage from recurrent episodes of hypoglycemia may occur. Defects in ABCC8 are a cause of diabetes mellitus permanent neonatal (PNDM) [MIM:606176]. PNDM is a rare form of diabetes distinct from childhood-onset autoimmune diabetes mellitus type 1. It is characterized by insulin-requiring hyperglycemia that is diagnosed within the first months of life. Permanent neonatal diabetes requires lifelong therapy. Defects in ABCC8 are the cause of transient neonatal diabetes mellitus type 2 (TNDM2) [MIM:610374]. Neonatal diabetes is a form of diabetes mellitus defined by the onset of mild-to-severe hyperglycemia within the first months of life. Transient neonatal diabetes remits early, with a possible relapse during adolescence.
Sequence similarities	Belongs to the ABC transporter superfamily. ABCC family. Conjugate transporter (TC 3.A.1.208) subfamily. Contains 2 ABC transmembrane type-1 domains. Contains 2 ABC transporter domains.
Cellular localization	Membrane.

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