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CSTB Polyclonal Antibody

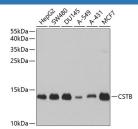
catalog number: E-AB-92352

Note: Centrifuge before opening to ensure complete recovery of vial contents.

Description	
Reactivity	Human
Immunogen	Recombinant fusion protein of human CSTB
Host	Rabbit
Isotype	IgG
Purification	Affinity purification
Buffer	Phosphate buffered solution, pH 7.4, containing 0.05% stabilizer and 50% glycerol.
Applications	Recommended Dilution

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WB	1:500-1:2000
IHC	1:50-1:200

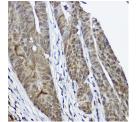
Data



Western blot analysis of extracts of various cell lines using CSTB Polyclonal Antibody at 1:1000 dilution.

> Observed-MV:Refer to figures Calculated-MV:11 kDa

Immunohistochemistry of paraffin-embedded human thyroid cancer using CSTB Polyclonal Antibody at dilution of 1:100 (40x lens).Perform high pressure antigen retrieval with 10 mM citrate buffer pH 6.0 before commencing with IHC staining protocol.



Immunohistochemistry of paraffin-embedded human colon carcinoma using CSTB Polyclonal Antibody at dilution of 1:100 (40x lens).Perform high pressure antigen retrieval with 10 mM citrate buffer pH 6.0 before commencing with IHC

staining protocol.

Preparation & Storage	
Storage	Store at -20°C Valid for 12 months. Avoid freeze / thaw cycles.
Shipping	The product is shipped with ice pack, upon receipt, store it immediately at the
	temperature recommended.

Background

For Research Use Only

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The cystatin superfamily encompasses proteins that contain multiple cystatin-like sequences. Some of the members are active cysteine protease inhibitors, while others have lost or perhaps never acquired this inhibitory activity. There are three inhibitory families in the superfamily, including the type 1 cystatins (stefins), type 2 cystatins and kininogens. This gene encodes a stefin that functions as an intracellular thiol protease inhibitor. The protein is able to form a dimer stabilized by noncovalent forces, inhibiting papain and cathepsins l, h and b. The protein is thought to play a role in protecting against the proteases leaking from lysosomes. Evidence indicates that mutations in this gene are responsible for the primary defects in patients with progressive myoclonic epilepsy (EPM1). One type of mutation responsible for EPM1 is the expansion in the promoter region of this gene of a CCCCGCCCGCG repeat from 2-3 copies to 30-78 copies.

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