Recombinant PSPH Monoclonal Antibody

catalog number: AN300269P

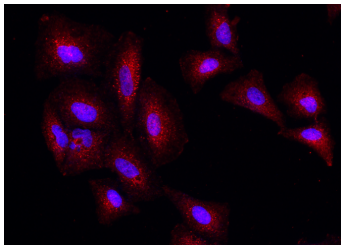
Note: *Centrifuge before opening to ensure complete recovery of vial contents.*

Description

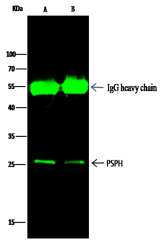
Reactivity	Human
Immunogen	Recombinant Human PSPH protein
Host	Rabbit
Isotype	IgG
Clone	12B6
Purification	Protein A
Buffer	0.2 μm filtered solution in PBS

Applications	Recommended Dilution
WB	1:500-1:1000
ICC/IF	1:20-1:100
IP	0.2-1 μL/mg of lysate

Data



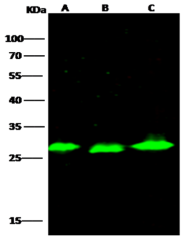
Immunofluorescence analysis of Human PSPH in A549 cells. Cells were fixed with 4% PFA, permeabilzed with 0.3% Triton X-100 in PBS, blocked with 10% serum, and incubated with rabbit anti-Human PSPH Monoclonal Antibody (dilution ratio 1:60) at 4℃ overnight. Then cells were stained with the Alexa Fluor® 594-conjugated Goat Anti-rabbit IgG secondary antibody (red) and counterstained with DAPI for nuclear staining (blue).



Immunoprecipitation analysis using 0.5 μL anti-PSPH Monoclonal Antibody and 15 μl of 50 % Protein G agarose. Western blot was performed from the immunoprecipitate using PSPH Monoclonal Antibody at a dilution of 1:1000. Lane A:0.5 mg K562 Whole Cell Lysate, Lane B:0.5 mg HepG2 Whole Cell Lysate

Observed-MW:25 kDa

Calculated-MW:25 kDa



Western Blot with PSPH Monoclonal Antibody at dilution of 1:500. Lane A: MCF7 Whole Cell Lysate, Lane B: K562 Whole Cell Lysate, Lane C: HepG2 Whole Cell Lysate, Lysates/proteins at 30 μg per lane.

Observed-MW:25 kDa

Calculated-MW:25 kDa

Preparation & Storage

Storage	This antibody can be stored at 2℃-8℃ for one month without detectable loss of activity. Antibody products are stable for twelve months from date of receipt when stored at -20℃ to -80℃. Preservative-Free. Avoid repeated freeze-thaw cycles.
Shipping	Ice bag

Background

The protein encoded by this gene belongs to a subfamily of the phosphotransferases. This encoded enzyme is responsible for the third and last step in L-serine formation. It catalyzes magnesium-dependent hydrolysis of L-phosphoserine and is also involved in an exchange reaction between L-serine and L-phosphoserine. Deficiency of this protein is thought to be linked to Williams syndrome.

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