Datasheet for ABIN1386810

anti-PANK2 antibody (AA 401-500)

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Overview

Quantity:	100 µL
Target:	PANK2
Binding Specificity:	AA 401-500
Reactivity:	Mouse
Host:	Rabbit
Clonality:	Polyclonal
Conjugate:	This PANK2 antibody is un-conjugated
Application:	Western Blotting (WB), ELISA, Immunofluorescence (Cultured Cells) (IF (cc)), Immunofluorescence (Paraffin-embedded Sections) (IF (p)), Immunohistochemistry (Paraffin-embedded Sections) (IHC (p)), Immunohistochemistry (Frozen Sections) (IHC (fro))

Product Details

Immunogen:	KLH conjugated synthetic peptide derived from human PANK2
Isotype:	IgG
Cross-Reactivity:	Mouse
Predicted Reactivity:	Human,Rat,Dog,Cow,Pig,Horse
Purification:	Purified by Protein A.

Target Details

Target:	PANK2

Target Details

Alternative Name:	PANK2 (PANK2 Products)
Background:	Synonyms: Pantothenate kinase 2, mitochondrial, hPanK2, Pantothenic acid kinase 2, PANK2, C20orf48, PANK2_HUMAN Background: Defects in PANK2 are the cause of neurodegeneration with brain iron accumulation type 1 (NBIA1), also known as pantothenate kinase-associated neurodegeneration (PKAN) or Hallervorden-Spatz syndrome (HSS). It is an autosomal recessive neurodegenerative disorder associated with iron accumulation in the brain, primarily in the basal ganglia. Clinical manifestations include progressive muscle spasticity, hyperreflexia, muscle rigidity, dystonia, dysarthria, and intellectual deterioration which progresses to severe dementia over several years. It is clinically classified into classic, atypical, and intermediate phenotypes. Classic forms present with onset in the first decade, rapid progression, loss of independent ambulation within 15 years. Atypical forms have onset in the second decade, slow progression, maintenance of independent ambulation up to 40 years later. Intermediate forms manifest onset in the first decade with slow progression or onset in the second decade with rapid progression. Patients with early onset tend to also develop pigmentary retinopathy, whereas those with later onset tend to also have speech disorders and psychiatric features. All patients have the 'eye of the tiger' sign on brain MRI.Defects in PANK2 are the cause of hypoprebetalipoproteinemia, acanthocytosis, retinitis pigmentosa, and pallidal degeneration (HARP). HARP is a rare syndrome with many clinical similarities to NBIA1.
Gene ID:	80025
UniProt:	Q9BZ23
Pathways:	Ribonucleoside Biosynthetic Process

Application Details

Application Notes:	WB 1:300-5000
	ELISA 1:500-1000
	IHC-P 1:200-400
	IHC-F 1:100-500
	IF(IHC-P) 1:50-200
	IF(IHC-F) 1:50-200
	IF(ICC) 1:50-200

Restrictions:	For Research Use only

Handling

Format:	Liquid
Concentration:	1 μg/μL
Buffer:	0.01M TBS(pH 7.4) with 1 % BSA, 0.02 % Proclin300 and 50 % Glycerol.
Preservative:	ProClin
Precaution of Use:	This product contains ProClin: a POISONOUS AND HAZARDOUS SUBSTANCE, which should be handled by trained staff only.
Storage:	4 °C,-20 °C
Storage Comment:	Shipped at 4°C. Store at -20°C for one year. Avoid repeated freeze/thaw cycles.
Expiry Date:	12 months