

Datasheet for ABIN7599399  
**anti-TOR1AIP1 antibody (AA 1-445)**



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## Overview

Quantity:	100 µg
Target:	TOR1AIP1
Binding Specificity:	AA 1-445
Reactivity:	Human
Host:	Rabbit
Clonality:	Polyclonal
Conjugate:	This TOR1AIP1 antibody is un-conjugated
Application:	Western Blotting (WB), ELISA, Immunofluorescence (IF), Immunocytochemistry (ICC)

## Product Details

Purpose:	Anti-TOR1AIP1 Antibody Picoband®
Immunogen:	E.coli-derived human TOR1AIP1 recombinant protein (Position: M1-D445).
Isotype:	IgG
Cross-Reactivity (Details):	No cross-reactivity with other proteins.
Characteristics:	Anti-TOR1AIP1 Antibody Picoband® (ABIN7599399). Tested in ELISA, IF, ICC, WB applications. This antibody reacts with Human. The brand Picoband indicates this is a premium antibody that guarantees superior quality, high affinity, and strong signals with minimal background in Western blot applications. Only our best-performing antibodies are designated as Picoband, ensuring unmatched performance.
Purification:	Immunogen affinity purified.

## Target Details

Target:	TOR1AIP1
Alternative Name:	TOR1AIP1 ( <a href="#">TOR1AIP1 Products</a> )
Background:	<p>Synonyms: Pancreatic secretory granule membrane major glycoprotein GP2, Pancreatic zymogen granule membrane protein GP-2, Gp2</p> <p>Tissue Specificity: Expressed in all tissues tested including, liver, heart, adipose tissue, mammary gland, testes, ovary, brain, kidney and muscle. Highest levels in liver.</p> <p>Background: Torsin-1A-interacting protein 1 is a protein that in humans is encoded by the TOR1AIP1 gene. This gene encodes a type 2 integral membrane protein that binds A- and B-type lamins. The encoded protein localizes to the inner nuclear membrane and may be involved in maintaining the attachment of the nuclear membrane to the nuclear lamina during cell division. Alternate splicing results in multiple transcript variants.</p>
Molecular Weight:	66 kDa
Gene ID:	26092
Pathways:	<a href="#">SARS-CoV-2 Protein Interactome</a> , <a href="#">The Global Phosphorylation Landscape of SARS-CoV-2 Infection</a>

## Application Details

Application Notes:	<p>Western blot, 0.25-0.5 µg/mL, Human</p> <p>Immunocytochemistry/Immunofluorescence, 5 µg/mL, Human</p> <p>ELISA, 0.1-0.5 µg/mL, -</p> <p>1. Dorboz, I., Coutelier, M., Bertrand, A. T., Caberg, J.-H., Elmaleh-Berges, M., Laine, J., Stevanin, G., Bonne, G., Boespflug-Tanguy, O., Servais, L. Severe dystonia, cerebellar atrophy, and cardiomyopathy likely caused by a missense mutation in TOR1AIP1. Orphanet J. Rare Dis. 9: 174, 2014. Note: Electronic Article. 2. Goodchild, R. E., Dauer, W. T. The AAA+ protein torsinA interacts with a conserved domain present in LAP1 and a novel ER protein. J. Cell Biol. 168: 855-862, 2005. 3. Kayman-Kurekci, G., Korkusuz, P., Dincer, P. Response (to Sewry and Gobel). (Letter) Neuromusc. Disord. 24: 1122 only, 2014.</p>
Restrictions:	For Research Use only

## Handling

Format:	Lyophilized
Reconstitution:	Adding 0.2 mL of distilled water will yield a concentration of 500 µg/mL.

## Handling

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Concentration:	500 µg/mL
Buffer:	Each vial contains 4 mg Trehalose, 0.9 mg NaCl, 0.2 mg Na <sub>2</sub> HPO <sub>4</sub> .
Storage:	4 °C, -20 °C
Storage Comment:	At -20°C for one year from date of receipt. After reconstitution, at 4°C for one month. It can also be aliquotted and stored frozen at -20°C for six months. Avoid repeated freezing and thawing.