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Datasheet for ABIN893648

**anti-Dynactin 1 antibody (AA 251-350) (Alexa Fluor 555)**

## Overview

Quantity:	100 µL
Target:	Dynactin 1 (DCTN1)
Binding Specificity:	AA 251-350
Reactivity:	Human
Host:	Rabbit
Clonality:	Polyclonal
Conjugate:	This Dynactin 1 antibody is conjugated to Alexa Fluor 555
Application:	Western Blotting (WB), Immunofluorescence (Cultured Cells) (IF (cc)), Immunofluorescence (Paraffin-embedded Sections) (IF (p))

## Product Details

Immunogen:	KLH conjugated synthetic peptide derived from human DCTN1/Dynactin 1
Isotype:	IgG
Predicted Reactivity:	Human, Mouse, Rat, Dog, Cow, Pig, Horse, Rabbit
Purification:	Purified by Protein A.

## Target Details

Target:	Dynactin 1 (DCTN1)
Alternative Name:	DCTN1 ( <a href="#">DCTN1 Products</a> )
Background:	Synonyms: Alternative names 150 kDa dynein associated polypeptide, 150 kDa dynein-

## Target Details

associated polypeptide, DAP 150, DAP-150, DAP150, DCTN 1, DCTN1, DCTN1\_HUMAN, DP 150, DP-150, DP150, Dynactin 1 p150 Glued Drosophila homolog, Dynactin 1 p150 glued homolog Drosophila, Dynactin 1, Dynactin subunit 1, Dynactin1, HMN7B, P135, p150 Glued Drosophila homolog, p150 glued, p150 glued homolog, p150GLUED DROSOPHILA HOMOLOG OF, p150-glued, p150glued.

Background: Required for the cytoplasmic dynein-driven retrograde movement of vesicles and organelles along microtubules. Dynein-dynactin interaction is a key component of the mechanism of axonal transport of vesicles and organelles. Tissue specificity, Brain. Involvement in disease, Defects in DCTN1 are the cause of distal hereditary motor neuropathy type 7B (HMN7B), also known as progressive lower motor neuron disease (PLMND). HMN7B is a neuromuscular disorder. Distal hereditary motor neuropathies constitute a heterogeneous group of neuromuscular disorders caused by selective degeneration of motor neurons in the anterior horn of the spinal cord, without sensory deficit in the posterior horn. The overall clinical picture consists of a classical distal muscular atrophy syndrome in the legs without clinical sensory loss. The disease starts with weakness and wasting of distal muscles of the anterior tibial and peroneal compartments of the legs. Later on, weakness and atrophy may expand to the proximal muscles of the lower limbs and/or to the distal upper limbs. Defects in DCTN1 are a cause of susceptibility to amyotrophic lateral sclerosis (ALS). ALS is a neurodegenerative disorder affecting upper and lower motor neurons, and resulting in fatal paralysis. Sensory abnormalities are absent. Death usually occurs within 2 to 5 years. The etiology is likely to be multifactorial, involving both genetic and environmental factors. Defects in DCTN1 are the cause of Perry syndrome (PERRY), also called parkinsonism with alveolar hypoventilation and mental depression. Perry syndrome is a neuropsychiatric disorder characterized by mental depression not responsive to antidepressant drugs or electroconvulsive therapy, sleep disturbances, exhaustion and marked weight loss. Parkinsonism develops later and respiratory failure occurred terminally.

Gene ID: 1639

Pathways: [M Phase](#), [ER-Nucleus Signaling](#)

## Application Details

Application Notes: 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:	Aqueous buffered solution containing 0.01M TBS ( pH 7.4) with 1 % BSA, 0.03 % 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:	-20 °C
Storage Comment:	Store at -20°C. Aliquot into multiple vials to avoid repeated freeze-thaw cycles.
Expiry Date:	12 months