

# Anti-Apolipoprotein A I antibody [12C8] ab17278

**9 References**   **2 图像**

### 概述

产品名称	Anti-Apolipoprotein A I抗体[12C8]
描述	小鼠单克隆抗体[12C8] to Apolipoprotein A I
宿主	Mouse
特异性	No cross reactivity is seen with human apolipoprotein B.
经测试应用	适用于: ELISA, WB, IHC-P
种属反应性	与反应: Human
免疫原	Full length native Apolipoprotein A1, isolated from human plasma.
常规说明	<p>The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing.</p> <p>If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&amp;As</p>

### 性能

形式	Liquid
存放说明	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C long term.
存储溶液	<p>pH: 7.40</p> <p>Preservative: 0.097% Sodium azide</p> <p>Constituents: 0.0268% PBS, 2.9% Sodium chloride</p>
纯度	Protein G purified
克隆	单克隆
克隆编号	12C8
同种型	IgG1
轻链类型	kappa

### 应用

## The Abpromise guarantee

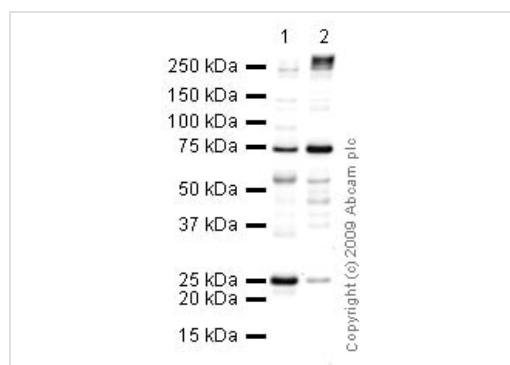
**Abpromise™** 承诺保证使用ab17278于以下的经测试应用

“应用说明”部分 下显示的仅为推荐的起始稀释度;实际最佳的稀释度/浓度应由使用者检定。

应用	Ab评论	说明
ELISA		Use at an assay dependent concentration.
WB		Use at an assay dependent concentration. Predicted molecular weight: 24 kDa.
IHC-P		Use a concentration of 2 µg/ml. Perform heat mediated antigen retrieval before commencing with IHC staining protocol.

## 靶标

功能	Participates in the reverse transport of cholesterol from tissues to the liver for excretion by promoting cholesterol efflux from tissues and by acting as a cofactor for the lecithin cholesterol acyltransferase (LCAT). As part of the SPAP complex, activates spermatozoa motility.
组织特异性	Major protein of plasma HDL, also found in chylomicrons. Synthesized in the liver and small intestine.
疾病相关	<p>Defects in APOA1 are a cause of high density lipoprotein deficiency type 2 (HDL2) [MIM:604091]; also known as familial hypoalphalipoproteinemia (FHA). Inheritance is autosomal dominant.</p> <p>Defects in APOA1 are a cause of the low HDL levels observed in high density lipoprotein deficiency type 1 (HDL1) [MIM:205400]; also known as analphalipoproteinemia or Tangier disease (TGD). HDL1 is a recessive disorder characterized by the absence of plasma HDL, accumulation of cholesteryl esters, premature coronary artery disease, hepatosplenomegaly, recurrent peripheral neuropathy and progressive muscle wasting and weakness. In HDL1 patients, ApoA-I fails to associate with HDL probably because of the faulty conversion of pro-ApoA-I molecules into mature chains, either due to a defect in the converting enzyme activity or a specific structural defect in Tangier ApoA-I.</p> <p>Defects in APOA1 are the cause of amyloid polyneuropathy-nephropathy Iowa type (AMYLIOWA) [MIM:107680]; also known as amyloidosis van Allen type or familial amyloid polyneuropathy type III. AMYLIOWA is a hereditary generalized amyloidosis due to deposition of amyloid mainly constituted by apolipoprotein A1. The clinical picture is dominated by neuropathy in the early stages of the disease and nephropathy late in the course. Death is due in most cases to renal amyloidosis. Severe peptic ulcer disease can occur in some and hearing loss is frequent. Cataracts is present in several, but vitreous opacities are not observed.</p> <p>Defects in APOA1 are a cause of amyloidosis type 8 (AML8) [MIM:105200]; also known as systemic non-neuropathic amyloidosis or Ostertag-type amyloidosis. AML8 is a hereditary generalized amyloidosis due to deposition of apolipoprotein A1, fibrinogen and lysozyme amyloids. Viscera are particularly affected. There is no involvement of the nervous system. Clinical features include renal amyloidosis resulting in nephrotic syndrome, arterial hypertension, hepatosplenomegaly, cholestasis, petechial skin rash.</p>
序列相似性	Belongs to the apolipoprotein A1/A4/E family.
翻译后修饰	Palmitoylated. Phosphorylation sites are present in the extracellular medium.
细胞定位	Secreted.



Western blot - Anti-Apolipoprotein A I antibody [12C8] (ab17278)

**All lanes :** Anti-Apolipoprotein A I antibody [12C8] (ab17278) at 5 µg/ml

**Lane 1 :** Human ovary tissue lysate - total protein ([ab30222](#))

**Lane 2 :** Lung (Human) Tissue Lysate

Lysates/proteins at 10 µg per lane.

### Secondary

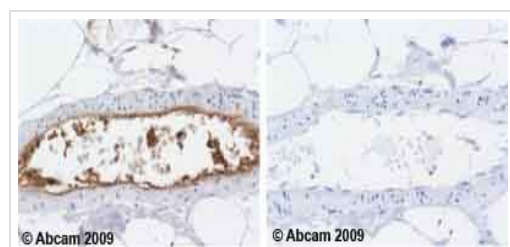
**Lane 1 :** Goat polyclonal to Mouse IgG - H&L - Pre-Adsorbed (HRP) at 1/3000 dilution

**Lane 2 :** Goat polyclonal to Mouse IgG - H&L - Pre-Adsorbed (HRP) at 1/3000 dilution

**Predicted band size:** 24 kDa

**Observed band size:** 25 kDa

**Additional bands at:** 260 kDa, 45 kDa, 55 kDa, 75 kDa. We are unsure as to the identity of these extra bands.



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-Apolipoprotein A I antibody [12C8] (ab17278)

Ab17278 staining human normal skeletal muscle. Staining is localised to the cytoplasm.

Left panel: with primary antibody at 2 µg/ml. Right panel: isotype control.

Sections were stained using an automated system DAKO Autostainer Plus , at room temperature. Sections were rehydrated and antigen retrieved with the Dako 3-in-1 AR buffer EDTA pH 9.0 in a DAKO PT Link. Slides were peroxidase blocked in 3% H<sub>2</sub>O<sub>2</sub> in methanol for 10 minutes. They were then blocked with Dako Protein block for 10 minutes (containing casein 0.25% in PBS), then incubated with primary antibody for 20 minutes, and detected with Dako Envision Flex amplification kit for 30 minutes. Colorimetric detection was completed with diaminobenzidine for 5 minutes. Slides were counterstained with Haematoxylin and coverslipped under DePeX. Please note that for manual staining we recommend to optimize the primary antibody concentration and incubation time (overnight incubation), and amplification may be required.

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