abcam

Product datasheet

Anti-Nicotinic Acetylcholine Receptor beta 2/CHRNB2 antibody ab41174

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概述

产品名称 Anti-Nicotinic Acetylcholine Receptor beta 2/CHRNB2抗体

描述 兔多克隆抗体to Nicotinic Acetylcholine Receptor beta 2/CHRNB2

宿主 Rabbit

 经测试应用
 适用于: WB, ICC/IF

 种属反应性
 与反应: Human

免疫原 Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.

常规说明

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.

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&As

性能

形式 Lyophilized:Dilute the lyophilized antibody with 0.1 ml of 10 mg/ml BSA in PBS for the equivalent

of whole antiserum

存放说明 Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C or -

80°C. Avoid freeze / thaw cycle.

存储溶液 Constituents: PBS, 1% BSA, Whole serum

纯**度** Whole antiserum

应用

The Abpromise guarantee Abpromise™承诺保证使用ab41174于以下的经测试应用

1

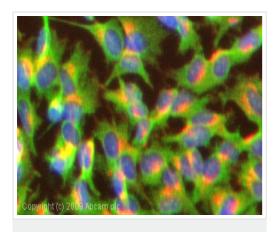
"应用说明"部分 下显示的仅为推荐的起始稀释度;实际最佳的稀释度/浓度应由使用者检定。

应用	Ab评论	说明
WB		1/400. Detects a band of approximately 52 kDa (predicted molecular weight: 57 kDa). With this antibody, we have found that blocking with 5% goat or donkey serum significantly reduces background as compared to BSA or milk.
ICC/IF		1/200.

靶标

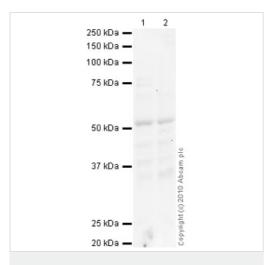
功能	After binding acetylcholine, the AChR responds by an extensive change in conformation that affects all subunits and leads to opening of an ion-conducting channel across the plasma membrane.
疾病相关	Defects in CHRNB2 are the cause of nocturnal frontal lobe epilepsy type 3 (ENFL3) [MIM:605375]. ENFL3 is an autosomal dominant epilepsy characterized by nocturnal seizures with hyperkinetic automatisms and poorly organized stereotyped movements.
序列相似性	Belongs to the ligand-gated ion channel (TC 1.A.9) family. Acetylcholine receptor (TC 1.A.9.1) subfamily. Beta-2/CHRNB2 sub-subfamily.
细 胞定位	Cell junction > synapse > postsynaptic cell membrane. Cell membrane.

图片



Immunocytochemistry/ Immunofluorescence - Anti-Nicotinic Acetylcholine Receptor beta 2/CHRNB2 antibody (ab41174)

ICC/IF image of ab41174 stained SHSY5Y cells. The cells were 100% methanol fixed (5 min) and then incubated in 1%BSA / 10% normal goat serum / 0.3M glycine in 0.1% PBS-Tween for 1h to permeabilise the cells and block non-specific protein-protein interactions. The cells were then incubated with the antibody (ab41174, 1/1000 dilution) overnight at +4°C. The secondary antibody (green) was Alexa Fluor® 488 goat anti-rabbit IgG (H+L) used at a 1/1000 dilution for 1h. Alexa Fluor® 594 WGA was used to label plasma membranes (red) at a 1/200 dilution for 1h. DAPI was used to stain the cell nuclei (blue) at a concentration of 1.43µM.



Western blot - Anti-Nicotinic Acetylcholine Receptor beta 2/CHRNB2 antibody (ab41174) **All lanes :** Anti-Nicotinic Acetylcholine Receptor beta 2/CHRNB2 antibody (ab41174) at 1 μ g/ml

Lane 1 : HeLa (Human epithelial carcinoma cell line) Whole Cell Lysate

Lane 2 : Jurkat (Human T cell lymphoblast-like cell line) Whole Cell Lysate

Lysates/proteins at 10 µg per lane.

Secondary

 $\begin{tabular}{ll} \textbf{All lanes:} Goat polyclonal to Rabbit lgG - H\&L - Pre-Adsorbed (HRP) at 1/3000 dilution \end{tabular}$

Developed using the ECL technique.

Performed under reducing conditions.

Predicted band size: 57 kDa Observed band size: 52 kDa

Additional bands at: 46 kDa. We are unsure as to the identity of

these extra bands.

Exposure time: 3 minutes

The band observed at 52 kDa could potentially be a cleaved form of Nicotinic Acetylcholine Receptor beta 2/CHRNB2 due to the presence of a 25 amino acid signal peptide.

Please note: All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

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