Data Sheet (Cat.No.TMAY-02226)

Anti-GLA/alpha-Galactosidase A Antibody (4R472)

Product Details

Ig Type:	Rabbit IgG
Reactivity:	Human
Conjugation:	Unconjugated
Clone:	4R472
Purification:	Protein A

Applications

Verified Activity:	GLA was immunoprecipitated using: -Lane A:0.5 mg MCF-7 Whole Cell Lysate. -2 µL anti-GLA rabbit monoclonal antibody and 15 µl of 50 % Protein G agarose. -Primary antibody: -Anti-GLA rabbit monoclonal antibody, at 1:1000 dilution. -Secondary antibody: -Clean-Blotô IP Detection Reagent (HRP) at 1:1000 dilution. -Developed using the DAB staining technique. -Performed under reducing conditions. -Predicted band size: 49 kDa. -Observed band size: 52 kDa
Application:	ELISA,IP
Recommended	ELISA: 1:5000-1:10000; IP: 4-6 µL/mg of lysate

Properties

Stability & Storage:	Store at 2°C-8°C for 1 month. Store at -20°C or -80°C for 12 months. Avoid repeated freeze-thaw cycles. Preservative-Free.
Shipping:	Shipping with blue ice.

Antigen Details

Immunogen:	Recombinant Protein: Human alpha-Galactosidase A / GLA protein (TMPY-01727)
Antigen Species:	Human
Synonyms:	Ags;galactosidase, α;galactosidase, alpha;GLA/α-Galactosidase A Protein

Research Background

Alpha-galactosidase A, also known as Alpha-D-galactoside galactohydrolase, Alpha-D-galactosidase A, Melibiase and GLA, is a member of the glycosyl hydrolase 27 family. GLA is used as a long-term enzyme replacement therapy in patients with a confirmed diagnosis of Fabry disease. Defects in GLA are the cause of Fabry disease (FD) which is a rare X-linked sphingolipidosis disease where glycolipid accumulates in many tissues. The disease consists of an inborn error of glycosphingolipid catabolism. FD patients show systemic accumulation of globotriaoslyceramide (Gb3) and related glycosphingolipids in the plasma and cellular lysosomes throughout the body. Clinical recognition in males results from characteristic skin lesions (angiokeratomas) over the lower trunk. Patients may show ocular deposits, febrile episodes, and burning pain in the extremities. Death results from renal failure, cardiac or cerebral

complications of hypertension or other vascular disease. Deficiency of GLA leads to the accumulation of glycosphingolipids in the vasculature leading to multiorgan pathology. In addition to well-described microvascular disease, deficiency of GLA is also characterized by premature macrovascular events such as stroke and possibly myocardial infarction.

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