

Anti-GLA/alpha-Galactosidase A Antibody (2S483)

Product Details

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| Ig Type: | Rabbit IgG |
| Reactivity: | Human |
| Conjugation: | Unconjugated |
| Clone: | 2S483 |
| Purification: | Protein A |

Applications

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| Verified Activity: | <p>Anti-GLA rabbit monoclonal antibody at 1:500 dilution.</p> <ul style="list-style-type: none">-Lane A: MCF7 Whole Cell Lysate.-Lane B: 293T Whole Cell lysate.-Lysates/proteins at 30 µg per lane.-Secondary <p>-Goat Anti-Rabbit IgG H&L (Dylight800) at 1/10000 dilution.</p> <ul style="list-style-type: none">-Developed using the Odyssey technique.-Performed under reducing conditions.-Predicted band size:49 kDa.-Observed band size:49 kDa |
| Application: | WB |
| Recommended | WB: 1:500-1:2000 |

Properties

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| 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

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

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 globotriaosylceramide (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

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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.

Inhibitor · Natural Compounds · Compound Libraries · Recombinant Proteins

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