

Anti-Galactosidase alpha Polyclonal Antibody

Product Details

Ig Type:	IgG
Reactivity:	Human,Rat (predicted:Mouse,Dog,Pig,Cow,Rabbit)
Molecular Weight:	Theoretical: 45 kDa.
Purification:	Protein A purified

Applications

Verified Activity:	<p>1. Tissue/cell: human rectal carcinoma; 4% Paraformaldehyde-fixed and paraffin-embedded; Antigen retrieval: citrate buffer (0.01 M, pH 6.0), Boiling bathing for 15 min; Block endogenous peroxidase by 3% Hydrogen peroxide for 30 min; Blocking buffer (normal goat serum) at 37°C for 20 min; Incubation: Anti-Galactosidase alpha Polyclonal Antibody, Unconjugated (TMAB-06279) 1: 200, overnight at 4°C, followed by conjugation to the secondary antibody and DAB staining</p> <p>2. Paraformaldehyde-fixed, paraffin embedded (rat brain); Antigen retrieval by boiling in sodium citrate buffer (pH6.0) for 15 min; Block endogenous peroxidase by 3% hydrogen peroxide for 20 minutes; Blocking buffer (normal goat serum) at 37°C for 30 min; Antibody incubation with (Galactosidase alpha) Polyclonal Antibody, Unconjugated (TMAB-06279) at 1: 200 overnight at 4°C, followed by operating according to SP Kit (Rabbit) instructions and DAB staining.</p>
Application:	IHC-P,IHC-Fr,IF
Recommended	IHC-P: 1:100-500; IHC-Fr: 1:100-500; IF: 1:100-500

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.
Shipping:	Shipping with blue ice.

Antigen Details

Immunogen:	KLH conjugated synthetic peptide: human Galactosidase alpha
Antigen Species:	Human
Gene ID:	2717
Uniprot ID:	P06280

Research Background

Galactosidase alpha is involved in the hydrolysis of terminal, non reducing alpha D galactose residues in alpha D galactosides, including galactose oligosaccharides, galactomannans and galactohydrolyase. Defects in GLA are the cause of Fabry's disease (FD). FD is a rare X-linked sphingolipidosis disease where glycolipid accumulates in many tissues. 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. Heterozygous females may exhibit the disorder in an attenuated form, they are more likely to show corneal opacities.

Inhibitor · Natural Compounds · Compound Libraries · Recombinant Proteins

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