

Anti-Phospho-PFKM/PFK1 (Ser775) Polyclonal Antibody

Product Details

Ig Type:	IgG
Reactivity:	Human,Rat (predicted:Mouse,Pig,Cow,Horse,Sheep)
Molecular Weight:	Theoretical: 86 kDa. Actual: 77 kDa.
Purification:	Protein A purified

Applications

1. Tissue/cell: Rat pancreas tissue; 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-phospho-PFKL (Ser775) Polyclonal Antibody, Unconjugated 1: 200, overnight at 4°C, followed by conjugation to the secondary antibody and DAB staining

2. Sample:

Verified Activity:	Lane 1: Human A431 cell lysates
	Lane 2: Human HeLa cell lysates
	Lane 3: Human Raji cell lysates
	Lane 4: Human SH-SY5Y cell lysates
	Lane 5: Human LOVO cell lysates
	Lane 6: Human MCF-7 cell lysates
	Primary: Anti-phospho-PFKM/PFK1 (Ser775) (TMAB-11134) at 1/1000 dilution
	Secondary: IRDye800CW Goat Anti-Rabbit IgG at 1/20000 dilution
	Predicted band size: 86 kDa
	Observed band size: 77 kDa

Application: WB,IHC-P,IHC-Fr,IF

Recommended WB: 1:500-2000; 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 Synthesised phosphopeptide: human PFKM around the phosphorylation site of Ser775
Antigen Species:	Human
Gene ID:	5213
Uniprot ID:	P08237

Research Background

Three phosphofructokinase isozymes exist in humans: muscle, liver and platelet. These isozymes function as subunits of the mammalian tetramer phosphofructokinase, which catalyzes the phosphorylation of fructose-6-

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phosphate to fructose-1,6-bisphosphate. Tetramer composition varies depending on tissue type. This gene encodes the muscle-type isozyme. Mutations in this gene have been associated with glycogen storage disease type VII, also known as Tarui disease. Alternatively spliced transcript variants have been described.[provided by RefSeq, Nov

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