

Rabbit anti-Human TBCE Polyclonal Antibody | anti-TBCE antibody

Anti-TBCE Antibody, Rabbit Polyclonal

CATALOG #	HOST	REACTIVITY	APPLICATIONS
AAA256654	Rabbit	Human	Immunoprecipitation, Immunohistochemistry, Western Blot

PRODUCT SYNONYMS

TBCE; Polyclonal Antibody; Anti-TBCE Antibody; Rabbit Polyclonal; TBCE Antibody; Rabbit PAb; Antigen Affinity Purified; tubulin-specific chaperone E; Anti-HRD Antibody; Anti-KCS Antibody; Anti-KCS1 Antibody; Anti-pac2 Antibody; anti-TBCE antibody

PRODUCT SPECIFICATIONS

Host	Rabbit
Reactivity	Human
Clonality	Polyclonal
Isotype	Rabbit IgG
Specificity	Human TBCE
Purity/Purification	Protein A & Antigen Affinity
Form/Format	Liquid; PBS, pH7.0 with 0.03% Proclin300
Applicable Applications for anti-TBCE antibody	IP (Immunoprecipitation), IHC (Immunohistochemistry), WB (Western Blot)
Immunogen	E Coli-derived Human TBCE fragment
Conjugation	Unconjugated
Preparation	Produced in rabbits immunized with E Coli-derived Human TBCE fragment, and purified by antigen affinity chromatography.
Preparation and Storage	This antibody can be stored at 2-8 degree C for one month without detectable loss of activity. Antibody products are stable for twelve months from date of receipt when stored at -20 degree C to -80 degree C. Avoid repeated freeze-thaw cycles.

IMAGES



IP (Immunoprecipitation)

TBCE was immunoprecipitated using: Lane A: 0.5 mg Jurkat HeLa Whole Cell Lysate 4 uL anti-TBCE rabbit polyclonal antibody and 60 ug of Immunomagnetic beads Protein A/G. Primary antibody: Anti-TBCE rabbit polyclonal antibody, at 1:100 dilution. Secondary antibody: Clean-Blot IP Detection Reagent (HRP) at 1:1000 dilution. Developed using the ECL technique. Performed under reducing conditions. Predicted band size: 55 kDa. Observed band size: 55 kDa.



IHC (Immunohistochemistry)

Immunochemical staining of human TBCE in human liver with rabbit polyclonal antibody at 1:100 dilution, formalin-fixed paraffin embedded sections.



WB (Western Blot)

Anti-TBCE rabbit polyclonal antibody at 1:500 dilution
Lane A: K562 Whole Cell Lysate
Lane B: HeLa Whole Cell Lysate
Lane C: Jurkat Whole Cell Lysate
Lysates/proteins at 30 ug per lane.
Secondary Goat Anti-Rabbit IgG (H+L)/HRP at 1/10000 dilution.
Developed using the ECL technique.
Performed under reducing conditions.
Predicted band size: 59 kDa
Observed band size: 55 kDa

ADDITIONAL INFORMATION

Related Product Information for anti-TBCE antibody	Tubulin-folding cofactor E (TBCE) is an alpha-tubulin-binding protein involved in the formation of the tubulin dimer and microtubule dynamics, through the regulation of tubulin heterodimer dissociation. TBCE has also been implicated in two important related human disorders, the Kenny-Caffey and Sanjad-Sakati syndromes. The expression of TBCE as a recombinant protein in bacteria results in the formation of insoluble inclusion bodies in the absence of denaturing agents. Hypoparathyroidism, mental retardation, and facial dysmorphism (HRD) is a fatal developmental disease caused by mutations in TBCE. The gene defect in the pmn/pmn mouse is localized to a missense mutation in the tubulin-specific chaperone E (TBCE) gene on mouse chromosome 13, which is one of the five tubulin-specific chaperons involved in tubulin folding and dimerization.
References	Touati A, et al. (2019) Additional tunisian patients with sanjad-sakati syndrome: A review toward a consensus on diagnostic criteria. Arch Pediatr 26 (2): 102-107. Rak K, et al. (2013) Mutation of the tbce gene causes disturbance of microtubules in the auditory nerve and cochlear outer hair cell degeneration accompanied by progressive hearing loss in the pmn/pmn mouse. Exp Neurol 250 333-340. Kortazar D, et al. (2006) Native tubulin-folding cofactor e purified from baculovirus-infected sf9 cells dissociates tubulin dimers. Protein Expr Purif 49 (2): 196-202. Jin S, et al. (2009) Drosophila tubulin-specific chaperone e functions at neuromuscular synapses and is required for microtubule network formation. Development 136 (9): 1571-1581.

For Research Use Only. Not for use in diagnostic or therapeutic procedures. Small volumes of product may become entrapped in the seal of the vial during shipment and storage; if necessary, briefly centrifuge the vial on a tabletop centrifuge to dislodge any liquid in the cap.

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