

SLC6A14 Antibody (C-term)

Affinity Purified Rabbit Polyclonal Antibody (Pab) Catalog # AP12976B

Specification

SLC6A14 Antibody (C-term) - Product Information

Application WB, IHC-P-Leica, E **09UN76** Primary Accession NP 009162.1 Other Accession Reactivity Human Host Rabbit Clonality **Polyclonal** Isotype Rabbit Ig Antigen Region 602-631

SLC6A14 Antibody (C-term) - Additional Information

Gene ID 11254

Other Names

Sodium- and chloride-dependent neutral and basic amino acid transporter B(0+), Amino acid transporter ATB0+, Solute carrier family 6 member 14, SLC6A14

Target/Specificity

This SLC6A14 antibody is generated from rabbits immunized with a KLH conjugated synthetic peptide between 602-631 amino acids from the C-terminal region of human SLC6A14.

Dilution

WB~~1:1000 IHC-P-Leica~~1:500

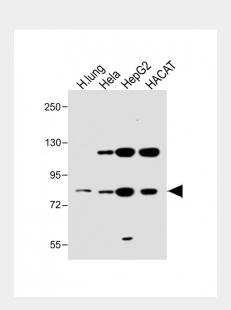
Format

Purified polyclonal antibody supplied in PBS with 0.09% (W/V) sodium azide. This antibody is purified through a protein A column, followed by peptide affinity purification.

Storage

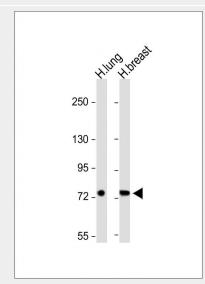
Maintain refrigerated at 2-8°C for up to 2 weeks. For long term storage store at -20°C in small aliquots to prevent freeze-thaw cycles.

Precautions



All lanes: Anti-SLC6A14 Antibody (C-term) at 1:1000 dilution Lane 1: Human lung lysate Lane 2: Hela whole cell lysate Lane 3: HepG2 whole cell lysate Lane 4: HACAT whole cell lysate Lysates/proteins at 20 ug per lane. Secondary Goat Anti-Rabbit IgG, (H+L), Peroxidase conjugated at 1/10000 dilution. Predicted band size: 80 kDa

Blocking/Dilution buffer: 5% NFDM/TBST.



All lanes : Anti-SLC6A14 Antibody (C-term) at 1:1000 dilution Lane 1: Human lung lysate



SLC6A14 Antibody (C-term) is for research use only and not for use in diagnostic or therapeutic procedures.

SLC6A14 Antibody (C-term) - Protein Information

Name SLC6A14

Function

Mediates the uptake of a broad range of neutral and cationic amino acids (with the exception of proline) in a Na(+)/Cl(-)-dependent manner.

Cellular Location

Membrane; Multi-pass membrane protein.

Tissue Location

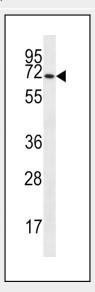
Levels are highest in adult and fetal lung, in trachea and salivary gland. Lower levels detected in mammary gland, stomach and pituitary gland, and very low levels in colon, uterus, prostate and testis.

SLC6A14 Antibody (C-term) - Protocols

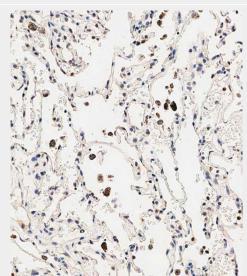
Provided below are standard protocols that you may find useful for product applications.

- Western Blot
- Blocking Peptides
- Dot Blot
- Immunohistochemistry
- Immunofluorescence
- <u>Immunoprecipitation</u>
- Flow Cytomety
- Cell Culture

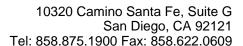
Lane 2: Human breast lysate Lysates/proteins at 20 ug per lane. Secondary Goat Anti-Rabbit lgG, (H+L), Peroxidase conjugated at 1/10000 dilution. Predicted band size: 80 kDa Blocking/Dilution buffer: 5% NFDM/TBST.



SLC6A14 Antibody (C-term) (Cat. #AP12976b) western blot analysis in HL-60 cell line lysates (35ug/lane). This demonstrates the SLC6A14 antibody detected the SLC6A14 protein (arrow).



Immunohistochemical analysis of paraffin-embedded human lung tissue using AP12976B performed on the Leica® BOND RXm. Tissue was fixed with formaldehyde at room temperature, antigen retrieval was by heat mediation with a EDTA buffer (pH9. 0). Samples were incubated with primary antibody(1:500) for 1 hours at room temperature. A undiluted biotinylated CRF





Anti-Polyvalent HRP Polymer antibody was used as the secondary antibody.

SLC6A14 Antibody (C-term) - Background

This gene encodes a member of the solute carrier family 6.

Members of this family are sodium and chloride dependent neurotransmitter transporters. The encoded protein transports both neutral and cationic amino acids. This protein may also function as a beta-alanine carrier. Mutations in this gene may be associated with X-linked obesity. A pseudogene of this gene is found on chromosome X.

SLC6A14 Antibody (C-term) - References

Bailey, S.D., et al. Diabetes Care (2010) In press:
Corpeleijn, E., et al. Obesity (Silver Spring)
18(7):1369-1377(2010)
Talmud, P.J., et al. Am. J. Hum. Genet.
85(5):628-642(2009)
Anderson, C.M., et al. J. Physiol. (Lond.) 586 (PT 17), 4061-4067 (2008):
Eriksson, A., et al. BMC Gastroenterol 8, 34 (2008):