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BARON Antibody (N-term)

Affinity Purified Rabbit Polyclonal Antibody (Pab)
Catalog # AP1831a

Product Information

Application	WB, IF, IHC-P, FC, E
Primary Accession	Q92622
Reactivity	Human
Predicted	Bovine, Canine
Host	Rabbit
Clonality	Polyclonal
Isotype	Rabbit IgG
Clone Names	RB18304
Calculated MW	108622
Antigen Region	241-271

Additional Information

Gene ID	9711
Other Names	Run domain Beclin-1 interacting and cysteine-rich containing protein, Rubicon, Beclin-1 associated RUN domain containing protein, Baron, KIAA0226
Target/Specificity	This BARON antibody is generated from rabbits immunized with a KLH conjugated synthetic peptide between 241-271 amino acids from the N-terminal region of human BARON.
Dilution	WB~~1:1000 IF~~1:100 IHC-P~~1:100~500 FC~~1:10~50 E~~Use at an assay dependent concentration.
Format	Purified polyclonal antibody supplied in PBS with 0.05% (V/V) Proclin 300. 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	BARON Antibody (N-term) is for research use only and not for use in diagnostic or therapeutic procedures.

Protein Information

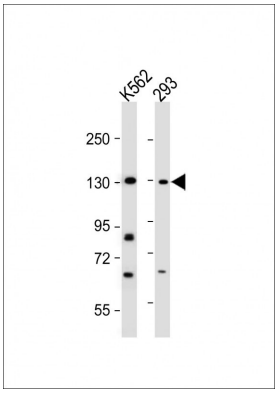
Name	RUBCN (HGNC:28991)
Synonyms	KIAA0226

Function	Inhibits PIK3C3 activity; under basal conditions negatively regulates PI3K complex II (PI3KC3-C2) function in autophagy. Negatively regulates endosome maturation and degradative endocytic trafficking and impairs autophagosome maturation process. Can sequester UVRAG from association with a class C Vps complex (possibly the HOPS complex) and negatively regulates Rab7 activation (PubMed:20974968, PubMed:21062745).
Cellular Location	Late endosome. Lysosome. Early endosome Note=Predominantly located in late endosomes/lysosomes, only partially detected in early endosome and not at all in the Golgi apparatus

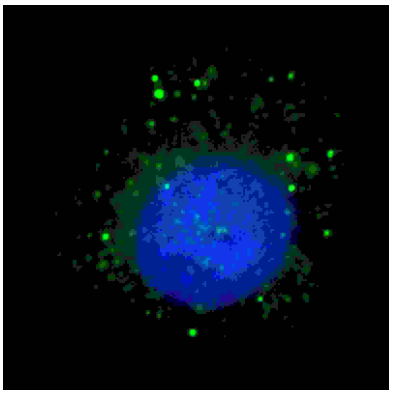
References

References for U251 cell line:
1. Westermark B.; Pontén J.; Hugosson R. (1973).” Determinants for the establishment of permanent tissue culture lines from human gliomas”. Acta Pathol Microbiol Scand A. 81:791-805. [PMID: 4359449].
2. Pontén, J.,Westermark B. (1978).” Properties of Human Malignant Glioma Cells in Vitro”. Medical Biology 56: 184-193.[PMID: 359950].
3. Geng Y.;Kohli L.; Klocke B.J.; Roth K.A.(2010). “Chloroquine-induced autophagic vacuole accumulation and cell death in glioma cells is p53 independent”. Neuro Oncol. 12(5): 473–481.[PMID: 20406898].
AP1831a

Images

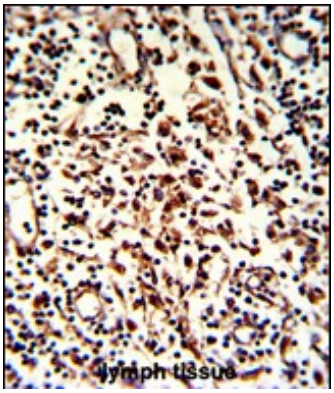


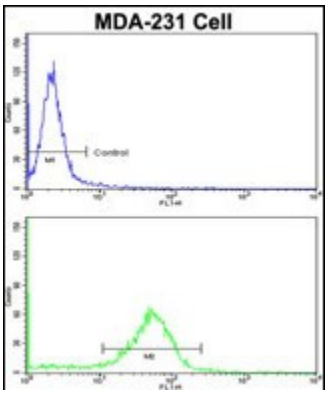
All lanes : Anti-BARON Antibody (N-term) at 1:2000 dilution Lane 1: K562 whole cell lysate Lane 2: 293 whole cell lysate Lysates/proteins at 20 µg per lane. Secondary Goat Anti-Rabbit IgG, (H+L), Peroxidase conjugated at 1/10000 dilution. Predicted band size : 109 kDa Blocking/Dilution buffer: 5% NFDM/TBST.



Fluorescent image of U251 cells stained with BARON (N-term) antibody. U251 cells were treated with Chloroquine (50 µM,16h), then fixed with 4% PFA (20 min), permeabilized with Triton X-100 (0.2%, 30 min). Cells were then incubated with AP1831a BARON (N-term) primary antibody (1:100, 2 h at room temperature). For secondary antibody, Alexa Fluor® 488 conjugated donkey anti-rabbit antibody (green) was used (1:1000, 1h). Nuclei were counterstained with Hoechst 33342 (blue) (10 µg/ml, 5 min). BARON immunoreactivity is localized to autophagic vacuoles in the cytoplasm of U251 cells.

Formalin-fixed and paraffin-embedded human lymph with BARON Antibody (N-term), which was peroxidase-conjugated to the secondary antibody, followed by DAB staining. This data demonstrates the use of this antibody for immunohistochemistry; clinical relevance has not been evaluated.





Flow cytometric analysis of MDA-231 cells using BARON Antibody (N-term)(bottom histogram) compared to a negative control cell (top histogram). FITC-conjugated goat-anti-rabbit secondary antibodies were used for the analysis.

Please note: All products are 'FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC OR THERAPEUTIC PROCEDURES'.