

GFPT1 Polyclonal Antibody

Purified Rabbit Polyclonal Antibody (Pab) Catalog # AP55140

Product Information

Application WB, IHC-P, IHC-F, IF, ICC, E

Primary Accession Q06210 Reactivity Rat, Pig, Dog Host Rabbit Clonality Polyclonal Calculated MW 78806 **Physical State** Liquid

Immunogen KLH conjugated synthetic peptide derived from human GFPT1

601-699/699 **Epitope Specificity**

Isotype IgG

affinity purified by Protein A **Purity**

Buffer 0.01M TBS (pH7.4) with 1% BSA, 0.02% Proclin300 and 50% Glycerol. **SIMILARITY**

Contains 1 glutamine amidotransferase type-2 domain. Contains 2 SIS

domains.

SUBUNIT Homotetramer

Defects in GFPT1 are the cause of limb-girdle myasthenia with tubular **DISEASE**

> aggregates (LGMTA) [MIM:610542]. A congenital myasthenic syndrome characterized by onset of proximal muscle weakness in the first decade. Individuals with this condition have a recognizable pattern of weakness of shoulder and pelvic girdle muscles, and sparing of ocular or facial muscles. EMG classically shows a decremental response to repeated nerve stimulation, a sign of neuromuscular junction dysfunction. Affected individuals show a

favorable response to acetylcholinesterase (AChE) inhibitors.

This product as supplied is intended for research use only, not for use in **Important Note**

human, therapeutic or diagnostic applications.

Background Descriptions Glutamine: fructose-6-phosphate amidotransferase (GFAT1) is the first and

rate-limiting enzyme for the entry of glucose into the hexosamine

biosynthesis pathway (HBP) in mammals. GFAT1, a member of the N-terminal nucleophile class of amidotransferases, converts fructose-6-phosphate into N-acetylglucosamine-6-phosphate. Hyperglycemia-induced insulin resistance, a condition in which exposure to high concentrations of glucose and insulin results in insulin resistance, may result from increased glucose metabolism through the HBP. Hypergylcemia-induced insulin resistance is a characteristic feature of type 2 diabetes. Consequently, GFAT1 is a potential therapeutic

target in the treatment of type 2 diabetes.

Additional Information

Gene ID 2673

Other Names Glutamine--fructose-6-phosphate aminotransferase [isomerizing] 1, 2.6.1.16, D-fructose-6-phosphate amidotransferase 1, Glutamine:fructose-6-phosphate amidotransferase 1, GFAT 1, GFAT1, Hexosephosphate aminotransferase 1,

GFPT1, GFAT, GFPT

Target/Specificity Isoform 1 is predominantly expressed in skeletal muscle. Not expressed in

brain. Seems to be selectively expressed in striated muscle.

Dilution WB=1:500-2000,IHC-P=1:100-500,IHC-F=1:100-500,ICC=1:100-500,IF=1:100-50

0,ELISA=1:5000-10000

Format 0.01M TBS(pH7.4) with 1% BSA, 0.09% (W/V) sodium azide and 50% Glyce

Storage Store at -20 °C for one year. Avoid repeated freeze/thaw cycles. When

reconstituted in sterile pH 7.4 0.01M PBS or diluent of antibody the antibody

is stable for at least two weeks at 2-4 °C.

Protein Information

Name GFPT1

Synonyms GFAT, GFPT

Function Controls the flux of glucose into the hexosamine pathway. Most likely

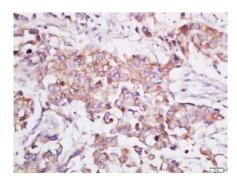
involved in regulating the availability of precursors for N- and O-linked glycosylation of proteins. Regulates the circadian expression of clock genes BMAL1 and CRY1 (By similarity). Has a role in fine tuning the metabolic fluctuations of cytosolic UDP-GlcNAc and its effects on hyaluronan synthesis

that occur during tissue remodeling (PubMed: 26887390).

Tissue Location Isoform 1 is predominantly expressed in skeletal muscle. Not expressed in

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Images



Tissue/cell: human lung carcinoma; 4%
Paraformaldehyde-fixed and paraffin-embedded;
Antigen retrieval: citrate buffer (0.01M, pH 6.0), Boiling bathing for 15min; Block endogenous peroxidase by 3%
Hydrogen peroxide for 30min; Blocking buffer (normal goat serum,C-0005) at 37°C for 20 min;

Incubation: Anti-GFPT1 Polyclonal Antibody, Unconjugated(AP55140) 1:200, overnight at 4°C, followed by conjugation to the secondary antibody(SP-0023) and DAB(C-0010) staining

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