10320 Camino Santa Fe, Suite G
San Diego, CA 92121
Tel: 858.875.1900 Fax: 858.875.1999

SPG15 Antibody

Catalog # ASC10851

Product Information

Application	WB, IF, E
Primary Accession	Q68DK2
Other Accession	EAW80952, 119601358
Reactivity	Human, Mouse, Rat
Host	Rabbit
Clonality	Polyclonal
Isotype	IgG
Calculated MW	284603
Concentration (mg/ml)	1 mg/mL
Conjugate	Unconjugated
Application Notes	SPG15 antibody can be used for detection of SPG15 by Western blot at 1 - 2 g/mL. For immunofluorescence start at 20 g/mL.

Additional Information

Gene ID	23503
Other Names	Zinc finger FYVE domain-containing protein 26, FYVE domain-containing centrosomal protein, FYVE-CENT, Spastizin, ZFYVE26, KIAA0321
Target/Specificity	ZFYVE26; Multiple isoforms of SPG15 are known to exist.
Reconstitution & Storage	SPG15 antibody can be stored at 4℃ for three months and -20℃, stable for up to one year. As with all antibodies care should be taken to avoid repeated freeze thaw cycles. Antibodies should not be exposed to prolonged high temperatures.
Precautions	SPG15 Antibody is for research use only and not for use in diagnostic or therapeutic procedures.

Protein Information

Name	ZFYVE26
Synonyms	KIAA0321
Function	Phosphatidylinositol 3-phosphate-binding protein required for the abscission step in cytokinesis: recruited to the midbody during cytokinesis and acts as a regulator of abscission. May also be required for efficient homologous recombination DNA double-strand break repair.
Cellular Location	Cytoplasm, cytoskeleton, microtubule organizing center, centrosome. Midbody. Note=Localizes to the centrosome during all stages of the cell cycle. Recruited to the midbody during cytokinesis by KIF13A

Tissue Location	Strongest expression in the adrenal gland, bone marrow, adult brain, fetal brain, lung, placenta, prostate, skeletal muscle, testis, thymus, and retina. Intermediate levels are detected in other structures, including the spinal cord

Background

SPG15 Antibody: Hereditary spastic paraplegias (HSPs) are genetically and phenotypically heterogeneous disorders. Spastic paraplegia with thinning of the corpus callosum (ARHSP-TCC) is a relatively frequent form of complicated hereditary spastic paraplegia in which mental retardation and muscle stiffness at onset are followed by slowly progressive paraparesis and cognitive deterioration. SPG15 is the second gene known to be responsible for ARHSP-TCC in the Italian population. Mutations in this gene are associated with autosomal recessive spastic paraplegia-15. SPG15 encodes a protein containing a FYVE zinc finger binding domain which is thought to target these proteins to membrane lipids through interaction with phospholipids in the membrane. SPG15 mRNA is widely distributed in human tissues, as well as in rat embryos, suggesting a possible role for this protein during embryonic development. SPG15 co-localizes partially with endoplasmic reticulum and endosome markers, suggesting a role in intracellular trafficking.

References

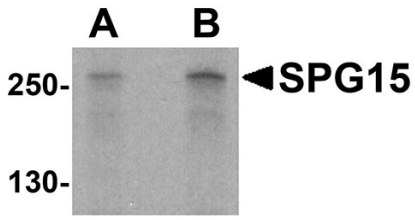
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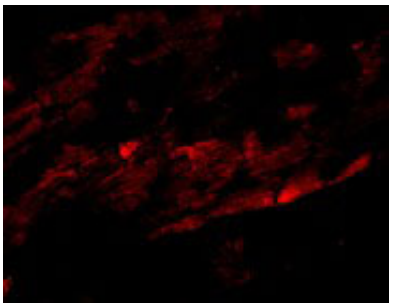
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Boukhris A, Feki I, Denis E, et al. Spastic paraplegia 15: linkage and clinical description of three Tunisian families. Mov. Disord. 2008; 23:429-33.

Images



Western blot analysis of SPG15 in K562 cell lysate with SPG15 antibody at (A) 1 and (B) 2 µg/mL.



Immunofluorescence of SPG15 in Mouse Heart tissue with SPG15 antibody at 20 µg/mL.

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