

# KCTD15 Antibody

Catalog # ASC10872

## Product Information

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<b>Application</b>	WB, IF, E, IHC-P
<b>Primary Accession</b>	<a href="#">Q96SI1</a>
<b>Other Accession</b>	<a href="#">Q96SI1</a> , <a href="#">74732704</a>
<b>Reactivity</b>	Human, Mouse, Rat
<b>Host</b>	Rabbit
<b>Clonality</b>	Polyclonal
<b>Isotype</b>	IgG
<b>Calculated MW</b>	31942
<b>Concentration (mg/ml)</b>	1 mg/mL
<b>Conjugate</b>	Unconjugated
<b>Application Notes</b>	KCTD15 antibody can be used for detection of KCTD15 by Western blot at 0.5 - 1 $\mu$ g/mL. Antibody can also be used for immunohistochemistry starting at 2.5 $\mu$ g/mL. For immunofluorescence start at 20 $\mu$ g/mL.

## Additional Information

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<b>Gene ID</b>	79047
<b>Other Names</b>	BTB/POZ domain-containing protein KCTD15, Potassium channel tetramerization domain-containing protein 15, KCTD15
<b>Target/Specificity</b>	KCTD15;
<b>Reconstitution &amp; Storage</b>	KCTD15 antibody can be stored at 4°C for three months and -20°C, 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.
<b>Precautions</b>	KCTD15 Antibody is for research use only and not for use in diagnostic or therapeutic procedures.

## Protein Information

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<b>Name</b>	KCTD15
<b>Function</b>	During embryonic development, it is involved in neural crest formation (By similarity). Inhibits AP2 transcriptional activity by interaction with its activation domain (PubMed: <a href="#">23382213</a> ).
<b>Cellular Location</b>	Nucleus.

## Background

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**KCTD15 Antibody:** Childhood and adult obesity in the United States and to a lesser extent the rest of the world has increased dramatically over the past decade. Both environmental and genetic factors are involved in the onset and progression of weight gain. Recently, the potassium channel KCTD15 was identified as a genetic loci associated with higher than normal body mass index (BMI) in humans along with genes such as GNPDA2, MTCH2, FTO, and TMEM18. Further studies on single nucleotide polymorphisms (SNPs) in non-diabetic and diabetic patients showed that FTO was most strongly associated with obesity while MTCH2 and GNPDA2 were still significantly associated with higher than normal BMI levels. At least two isoforms of KCTD15 are known to exist.

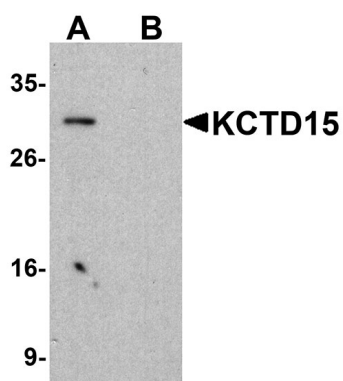
## References

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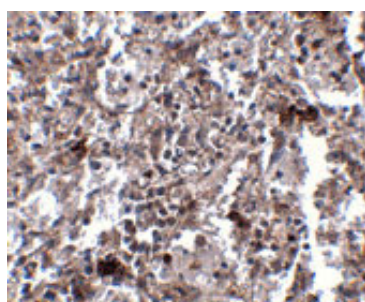
Hill JO. Genetic and environmental contributions to obesity. *Am. J. Clin. Nutr.*1998; 68:991-2.  
Willer CJ, Speliotes EK, Loos RJ, et al. Six new loci associated with body mass index highlight a neuronal influence on body weight regulation. *Nat. Genetics*2009; 41:25-34.  
Renstrom F, Payne F, Nordstrom A, et al. Replication and extension of genome-wide association study results for obesity in 4923 adults from northern Sweden. *Human. Mol. Gen.*2009; 18:1489-96.

## Images

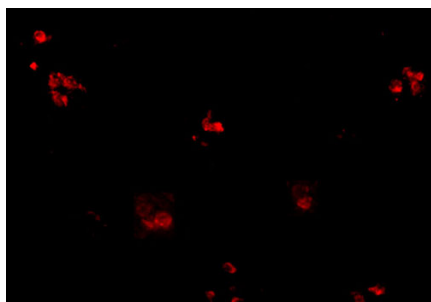
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Western blot analysis of KCTD15 in HeLa cell lysate with KCTD15 antibody at 1 µg/ml in (A) the absence and (B) the presence of blocking buffer.



Immunohistochemistry of KCTD15 in human spleen tissue with KCTD15 antibody at 2.5 µg/mL.



Immunofluorescence of KCTD15 in human spleen tissue with KCTD15 antibody at 20 µg/mL.

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