Product Name: **Menin Rabbit Polyclonal Antibody**
Catalog #: **APRab13820**
For research use only.

Summary

Description	Rabbit polyclonal Antibody
Host	Rabbit
Application	WB,IHC,ICC/IF,ELISA
Reactivity	Human,Mouse,Rat
Conjugation	Unconjugated
Modification	Unmodified
Isotype	IgG
Clonality	Polyclonal
Form	Liquid
Concentration	1mg/ml
Storage	Aliquot and store at -20°C (valid for 12 months). Avoid freeze/thaw cycles.
Shipping	Ice bags
Buffer	Liquid in PBS containing 50% glycerol, 0.5% protective protein and 0.02% New type preservative N.
Purification	Affinity purification

Application

Dilution Ratio	WB 1:500-1:2000,IHC 1:100-1:300,ICC/IF 1:50-1:200,ELISA 1:10000-1:20000
Molecular Weight	67kDa

Antigen Information

Gene Name	MEN1
Alternative Names	MEN1; SCG2; Menin
Gene ID	4221.0
SwissProt ID	O00255
Immunogen	The antiserum was produced against synthesized peptide derived from human MEN1. AA range:181-230

Background

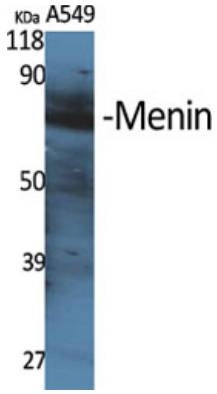
This gene encodes menin, a putative tumor suppressor associated with a syndrome known as multiple endocrine neoplasia

type 1. In vitro studies have shown menin is localized to the nucleus, possesses two functional nuclear localization signals, and inhibits transcriptional activation by JunD, however, the function of this protein is not known. Two messages have been detected on northern blots but the larger message has not been characterized. Alternative splicing results in multiple transcript variants. [provided by RefSeq, Oct 2008],disease:Defects in MEN1 are the cause of familial isolated hyperparathyroidism (FIHP) [MIM:145000]; also known as hyperparathyroidism type 1 (HRPT1). FIHP is an autosomal dominant disorder characterized by hypercalcemia, elevated parathyroid hormone (PTH) levels, and uniglandular or multiglandular parathyroid tumors.,disease:Defects in MEN1 are the cause of familial multiple endocrine neoplasia type I (MEN1) [MIM:131100]; an autosomal dominant disorder characterized by tumors of the parathyroid glands, gastro-intestinal endocrine tissue, the anterior pituitary and other tissues. Cutaneous lesions and nervous-tissue tumors can exist. Prognosis in MEN1 patients is related to hormonal hypersecretion by tumors, such as hypergastrinemia causing severe peptic ulcer disease (Zollinger-Ellison syndrome, ZES), primary hyperparathyroidism, and acute forms of hyperinsulinemia.,function:May be involved in DNA repair.,PTM:Phosphorylated upon DNA damage, probably by ATM or ATR.,subcellular location:Concentrated in nuclear body-like structures. Relocates to the nuclear matrix upon gamma irradiation.,subunit:Interacts with FANCD2 and DBF4. Component of MLL-containing complexes (named MLL, ASCOM, MLL2/MLL3 or MLL3/MLL4 complex): at least composed ASH2L, RBBP5, DPY30, WDR5, one or several histone methyltransferases (MLL, MLL2, MLL3 and/or MLL4), and the facultative components MEN1, HCFC1, HCFC2, NCOA6, KDM6A, PAXIP1/PTIP and C16orf53/PA1.,tissue specificity:Ubiquitous.,

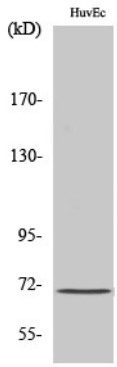
Research Area

Epigenetics and Nuclear Signaling

Image Data



Western Blot analysis of various cells using Menin Polyclonal Antibody diluted at 1: 500



Western Blot analysis of HuvEc cells using Menin Polyclonal Antibody diluted at 1: 500