

MSH6 Recombinant Mouse mAb

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Catalog # AP94376

Product Information

Application	WB, IHC-P, IHC-F, IF
Host	Rabbit
Clonality	Recombinant
Physical State	Liquid
Isotype	IgG2a, Kappa
Purity	affinity purified by Protein G
Buffer	0.01M TBS (pH7.4) with 1% BSA, 0.02% Proclin300 and 50% Glycerol.
SUBCELLULAR LOCATION	Nucleus.
SIMILARITY	Belongs to the DNA mismatch repair MutS family. Contains 1 PWWP domain.
SUBUNIT	Heterodimer consisting of MSH2-MSH6 (MutS alpha). Forms a ternary complex with MutL alpha (MLH1-PMS1). Interacts with EXO1. Part of the BRCA1-associated genome surveillance complex (BASC), which contains BRCA1, MSH2, MSH6, MLH1, ATM, BLM, PMS2 and the RAD50-MRE11-NBS1 protein complex. This association could be a dynamic process changing throughout the cell cycle and within subnuclear domains. Interacts with ATR. The N-terminus is blocked. Phosphorylated upon DNA damage, probably by ATM or ATR. Phosphorylated by PRKCZ, which may prevent MutS alpha degradation by the ubiquitin-proteasome pathway.
Post-translational modifications	
DISEASE	Defects in MSH6 are the cause of hereditary non-polyposis colorectal cancer type 5 (HNPCC5) [MIM:600678]. Mutations in more than one gene locus can be involved alone or in combination in the production of the HNPCC phenotype (also called Lynch syndrome). Most families with clinically recognized HNPCC have mutations in either MLH1 or MSH2 genes. HNPCC is an autosomal, dominantly inherited disease associated with marked increase in cancer susceptibility. It is characterized by a familial predisposition to early onset colorectal carcinoma (CRC) and extra-colonic cancers of the gastrointestinal, urological and female reproductive tracts. HNPCC is reported to be the most common form of inherited colorectal cancer in the Western world. Cancers in HNPCC originate within benign neoplastic polyps termed adenomas. Clinically, HNPCC is often divided into two subgroups. Type I: hereditary predisposition to colorectal cancer, a young age of onset, and carcinoma observed in the proximal colon. Type II: patients have an increased risk for cancers in certain tissues such as the uterus, ovary, breast, stomach, small intestine, skin, and larynx in addition to the colon. Diagnosis of classical HNPCC is based on the Amsterdam criteria: 3 or more relatives affected by colorectal cancer, one a first degree relative of the other two; 2 or more generation affected; 1 or more colorectal cancers presenting before 50 years of age; exclusion of hereditary polyposis syndromes. MSH6 mutations appear to be associated with atypical HNPCC and in particular with development of endometrial carcinoma or atypical endometrial hyperplasia, the presumed precursor of endometrial cancer. Defects in MSH6 are also found in familial colorectal cancers (suspected or incomplete HNPCC) that do not fulfill the Amsterdam criteria for HNPCC.

Important Note

This product as supplied is intended for research use only, not for use in human, therapeutic or diagnostic applications.

Background Descriptions

This gene encodes a member of the DNA mismatch repair MutS family. In *E. coli*, the MutS protein helps in the recognition of mismatched nucleotides prior to their repair. A highly conserved region of approximately 150 aa, called the Walker-A adenine nucleotide binding motif, exists in MutS homologs. The encoded protein heterodimerizes with MSH2 to form a mismatch recognition complex that functions as a bidirectional molecular switch that exchanges ADP and ATP as DNA mismatches are bound and dissociated. Mutations in this gene may be associated with hereditary nonpolyposis colon cancer, colorectal cancer, and endometrial cancer. Transcripts variants encoding different isoforms have been described. [provided by RefSeq, Jul 2013]

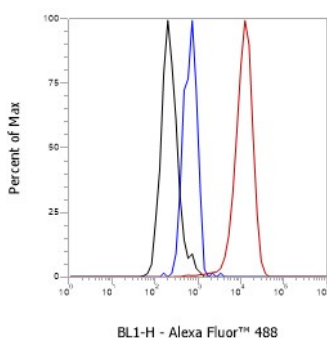
Additional Information

Dilution	WB=1:500-1000,IHC-P=1:100-500,IHC-F=1:100-500,IF=0,Flow-Cyt=1:20-1:100
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.

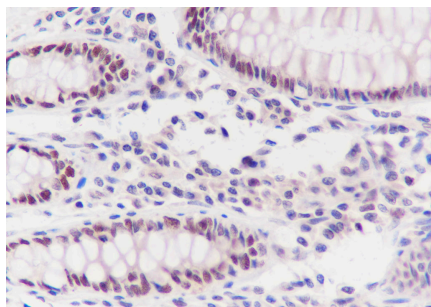
Background

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Images

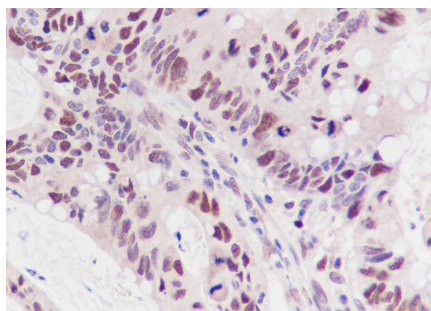


Cell line: MCF-7 Fixative: 4% Paraformaldehyde
Permeabilization: 0.1% TritonX-100 Primary ab dilution/color : 1:100/Red Unlabelled control/color : Cell without incubation with primary antibody and secondary antibody/Black Isotype control/color: Rabbit monoclonal IgG/Blue Comment: Color red is the positive signal for AP94376

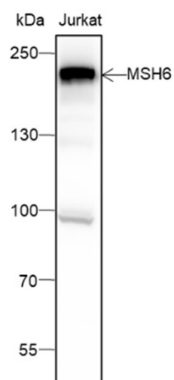


Tissue: Human colon Section type: Formalin fixed & Paraffin -embedded section Retrieval method: High temperature and high pressure Retrieval buffer: Tris/EDTA buffer, pH 9.0 Primary ab dilution: 1:100 Primary ab incubation condition: 1 hour at room temperature Counter stain: Hematoxylin Comment: Color brown is the positive signal for AP94376

Tissue: Human colon cancer Section type: Formalin fixed



& Paraffin -embedded section Retrieval method: High temperature and high pressure Retrieval buffer: Tris/EDTA buffer, pH 9.0 Primary ab dilution: 1:100 Primary ab incubation condition: 1 hour at room temperature Counter stain: Hematoxylin Comment: Color brown is the positive signal for AP94376



Blocking buffer: 5% NFDM/TBST Primary ab dilution: 1:1000 Primary ab incubation condition: 2 hours at room temperature Lysate: Jurkat Protein loading quantity: 20 µg Exposure time: 180 s Predicted MW: 152 kDa Observed MW: 170 kDa

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