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# Fusin Rabbit pAb

CatalogNo: YT1800 Orthogonal Validated 💽

### **Key Features**

Host Species • Rabbit	<ul><li>Reactivity</li><li>Human,Mouse,Rat</li></ul>	Applications <ul> <li>WB,IHC,IF,ELISA</li> </ul>
MW • 36kD (Observed)	Isotype • IgG	

#### **Recommended Dilution Ratios**

IHC 1:200-1:1000 WB 1:500-1:2000 IF 1:200-1:1000 ELISA 1:40000 Not yet tested in other applications.

### **Storage**

Storage\*-15°C to -25°C/1 year(Do not lower than -25°C)

**Formulation** Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.

#### **Basic Information**

Clonality Polyclonal

## Immunogen Information

 Immunogen
 The antiserum was produced against synthesized peptide derived from human CXCR4.

 AA range:300-349

**Specificity** Fusin Polyclonal Antibody detects endogenous levels of Fusin protein.

## Target Information

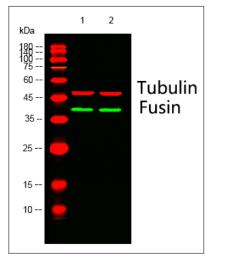
#### Protein Name

me C-X-C chemokine receptor type 4

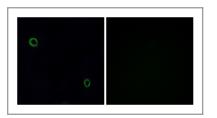
Organism	Gene ID	UniProt ID
Human	<u>7852;</u>	<u>P61073;</u>
Mouse	<u>12767;</u>	<u>P70658;</u>
Rat		<u>008565;</u>

- Cell membrane ; Multi-pass membrane protein . Cell junction. Early endosome. Late endosome. Lysosome. In unstimulated cells, diffuse pattern on plasma membrane. On agonist stimulation, colocalizes with ITCH at the plasma membrane where it becomes ubiquitinated. In the presence of antigen, distributes to the immunological synapse forming at the T-cell-APC contact area, where it localizes at the peripheral and distal supramolecular activation cluster (SMAC).
- **Tissue specificity** Expressed in numerous tissues, such as peripheral blood leukocytes, spleen, thymus, spinal cord, heart, placenta, lung, liver, skeletal muscle, kidney, pancreas, cerebellum, cerebral cortex and medulla (in microglia as well as in astrocytes), brain microvascular, coronary artery and umbilical cord endothelial cells. Isoform 1 is predominant in all tissues tested.
- **Function** Alternative products: Additional isoforms seem to exist, Caution: Was originally (PubMed:8329116 and PubMed:8234909) thought to be a receptor for neuropeptide Y type 3 (NPY3R) (NPY3-R)., Disease: Defects in CXCR4 are a cause of WHIM syndrome [MIM:193670]; also called warts, hypogammaglobulinemia, infections, and myelokathexis. WHIM syndrome is an immunodeficiency disease characterized by neutropenia, hypogammaglobulinemia and extensive human papillomavirus (HPV) infection. Despite the peripheral neutropenia, bone marrow aspirates from affected individuals contain abundant mature myeloid cells, a condition termed myelokathexis., Domain: The amino-terminus is critical for ligand binding. Residues in all four extracellular regions contribute to HIV-1 coreceptor activity., Function: Receptor for the C-X-C chemokine CXCL12/SDF-1. Transduces a signal by increasing the intracellular calcium ions level. Involved in haematopoiesis and in cardiac ventricular septum formation. Plays also an essential role in vascularization of the gastrointestinal tract, probably by regulating vascular branching and/or remodeling processes in endothelial cells. Could be involved in cerebellar development. In the CNS, could mediate hippocampal-neuron survival. Acts as a coreceptor (CD4 being the primary receptor) for HIV-1 X4 isolates and as a primary receptor for some HIV-2 isolates. Promotes Env-mediated fusion of the virus., online information: CXC chemokine receptors entry, online information:CXCR4 entry,online information:CXCR4 mutation db,PTM:O- and N-glycosylated. Asn-11 is the principal site of N-glycosylation. There appears to be very little or no glycosylation on Asn-176. N-glycosylation masks coreceptor function in both X4 and R5 laboratory-adapted and primary HIV-1 strains through inhibiting interaction with their Env glycoproteins. The O-glycosylation chondroitin sulfate attachment does not affect interaction with CXCL12/SDF-1alpha nor its coreceptor activity.,PTM:Sulfation on Tyr-21 is required for efficient binding of CXCL12/SDF-1alpha and promotes its dimerization., similarity: Belongs to the G-protein coupled receptor 1 family.,subunit:Monomer. Can form dimers. Interacts with HIV-1 surface protein gp120 and Tat., tissue specificity: Expressed in numerous tissues, such as peripheral blood leukocytes, spleen, thymus, spinal cord, heart, placenta, lung, liver, skeletal muscle, kidney, pancreas, cerebellum, cerebral cortex and medulla (in microglia as well as in astrocytes), brain microvascular, coronary artery and umbilical cord endothelial cells. Isoform 1 is predominant in all tissues tested.,

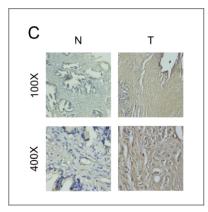
## Validation Data



Western blot analysis of lysates from 1) Hela, 2) mouse-brain cells, (Green) primary antibody was diluted at 1:1000, 4°over night, Dylight 800 secondary antibody(Immunoway:RS23920)was diluted at 1:10000, 37° 1hour. (Red) Tubulin  $\beta$  Monoclonal Antibody(5G3) (Immunoway:YM3030) antibody was diluted at 1:5000 as loading control, 4° over night,Dylight 680 secondary antibody(Immunoway:RS23710)was diluted at 1:10000, 37° 1hour.



Immunofluorescence analysis of A549 cells, using CXCR4 Antibody. The picture on the right is blocked with the synthesized peptide.



A Liquid–Liquid Phase Separation-Related Index Associate with Biochemical Recurrence and Tumor Immune Environment of Prostate Cancer Patients INTERNATIONAL JOURNAL OF MOLECULAR SCIENCES Ning Xu IHC Human benign prostatic hyperplasia (BPH) tissue prostate cancer (PCa)cell

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