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OCRL Rabbit pAb

CatalogNo: YT3228 Orthogonal Validated 💽

Key Features

Host Species • Rabbit	Reactivity Human,Mouse 	ApplicationsWB,ELISA
MW • 104kD (Observed)	Isotype • IgG	

Recommended Dilution Ratios

WB 1:500-1:2000 ELISA 1:10000 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 OCRL. AA range:150-199
Specificity	OCRL Polyclonal Antibody detects endogenous levels of OCRL protein.

Target Information

Gene name	OCRL			
Protein Name	Inositol polyphosphate 5-phosphatase OCRL-1			
	Organism Human	Gene ID <u>4952;</u>	UniProt ID <u>Q01968;</u>	
Cellular Localization	Cytoplasmic vesicle, phagosome mer clathrin-coated pit . Cell projection, c cilium . Cytoplasmic vesicle . Endoson Also found on macropinosomes (PubM phagosomes (PubMed:22072788)	ilium, photoreceptor outer seg me . Golgi apparatus, trans-Go	jment . Cell projection, olgi network . Lysosome .	
Tissue specificity	Brain, skeletal muscle, heart, kidney, lung, placenta and fibroblasts. Expressed in the retina and the retinal pigment epithelium.			
Function	and the retinal pigment epithelium. Catalytic activity:1-phosphatidyl-1D-myo-inositol 4,5-bisphosphate + H(2)O = 1- phosphatidyl-1D-myo-inositol 4-phosphate + phosphate., Caution:It is uncertain whether Met-1, Met-18 or Met-20 is the initiator., Disease:Defects in OCRL are the cause of Dent disease type 2 (DD2) [MIM:300555]. DD2 is a renal disease belonging to the 'Dent disease complex', a group of disorders characterized by proximal renal tubular defect, hypercalciuria, nephrocalcinosis, and renal insufficiency. The spectrum of phenotypic features is remarkably similar in the various disorders, except for differences in the severity of bone deformities and renal impairment. Characteristic abnormalities include low- molecular-weight proteinuria and other features of Fanconi syndrome, such as glycosuria, aminoaciduria, and phosphaturia, but typically do not include proximal renal tubular acidosis. Progressive renal failure is common, as are nephrocalcinosis and kidney stones.,Disease:Defects in OCRL are the cause of Lowe syndrome is an X-linked multisystem disorder affecting eyes, nervous system, and kidney. It is characterized by hydrophthalmia, cataract, mental retardation, vitamin D-resistant rickets, aminoaciduria, and reduced ammonia production by the kidney. Ocular abnormalities include cataract, glaucoma, microphthalmos, and decreased visual acuity. Developmental delay, hypotonia, behavior abnormalities, and areflexia are also present. Renal tubular involvement is characterized by impaired reabsorption of bicarbonate, amino acids, and phosphate. Musculoskeletal abnormalities such as joint hypermobility, dislocated hips, and fractures may develop as consequences of renal tubular acidosis and hypophosphatemia. Cataract is the only significant manifestation in carriers and is detected by slit-lamp examination, Function:Converts phosphatidylinositol 4,5-bisphosphate to inositol 1,4- bisphosphate and inositol 1,3,4-5-tertakisphosphate to inositol 1,4,5-trisphosphate. May function in lys			

Validation Data



OCRL- —	-117 -85
	-49
	-34
	-25
	-19

Western Blot analysis of various cells using OCRL Polyclonal Antibody

Western blot analysis of lysate from COLO205 cells treated with Forskolin, using OCRL antibody.

Contact information

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