

Rabbit Anti-GLUT1 antibody

SL4855R

Product Name:	GLUT1
Chinese Name:	葡萄糖Transporter1抗体
Alias:	Glucose Transporter GLUT1; GT-1; GLUT-1; GLUT 1; Solute carrier family 2; facilitated glucose transporter member 1; Glucose transporter type 1; erythrocyte/brain; DYT17; DYT18; Erythrocyte/brain HepG2 glucose transporter; Erythrocyte/hepatoma glucose transporter; Glucose transporter 1; Glucose transporter type 1; Glucose transporter type 1 erythrocyte/brain; Glucose transporter type 1, erythrocyte/brain; GLUT; GLUT1; GLUT1DS; GLUTB; GT1; GTG1; Gtg3; GTR1_HUMAN; HepG2 glucose transporter; MGC141895; MGC141896; PED; RATGTG1; SLC2A 1; SLC2A1; Solute carrier family 2 (facilitated glucose transporter), member 1; Solute carrier family 2 facilitated glucose transporter member 1.
Organism Species:	Rabbit
Clonality:	Polyclonal
React Species:	Human, Mouse, Rat, Chicken, Dog, Pig, Cow, Rabbit, Sheep, Guinea Pig,
Applications:	WB=1:500-2000ELISA=1:500-1000IHC-P=1:400-800IHC-F=1:400-800ICC=1:100- 500IF=1:100-500 (Paraffin sections need antigen repair) not yet tested in other applications. optimal dilutions/concentrations should be determined by the end user.
Molecular weight:	54kDa
Cellular localization:	The cell membraneExtracellular matrix
Form:	Lyophilized or Liquid
Concentration:	1mg/ml
immunogen:	KLH conjugated synthetic peptide derived from human GLUT1:251-320/492 human <extracellular></extracellular>
Lsotype:	IgG
Purification:	affinity purified by Protein A
Storage Buffer:	0.01M TBS(pH7.4) with 1% BSA, 0.03% Proclin300 and 50% Glycerol.
Storage:	Store at -20 °C for one year. Avoid repeated freeze/thaw cycles. The lyophilized antibody is stable at room temperature for at least one month and for greater than a year when kept at -20°C. 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.
PubMed:	PubMed
	This gene encodes a major glucose transporter in the mammalian blood-brain barrier. Mutations in this gene have been found in a family with paroxysmal exertion-induced dyskinesia. [provided by RefSeq, Jul 2008].
Product Detail:	 Function: Facilitative glucose transporter. This isoform may be responsible for constitutive or basal glucose uptake. Has a very broad substrate specificity; can transport a wide range of aldoses including both pentoses and hexoses. Subcellular location is at Cell membrane; multi-pass membrane protein. Facilitative glucose transporter. This isoform may be responsible for constitutive or basal glucose uptake. Has a very broad substrate specificity; can transport a wide range of aldoses including both pentoses and hexoses. Subcellular Location: Cell membrane; Multi-pass membrane protein. Melanosome. Note=Localizes primarily
	at the cell surface. Identified by mass spectrometry in melanosome fractions from stage to stage IV.
	Tissue Specificity: Expressed at variable levels in many human tissues.
	Post-translational modifications: Phosphorylated upon DNA damage, probably by ATM or ATR.
	DISEASE: Defects in SLC2A1 are the cause of GLUT1 deficiency syndrome type 1 (GLUT1DS1) [MIM:606777]; also known as blood-brain barrier glucose transport defect. A neurolog disorder showing wide phenotypic variability. The most severe 'classic' phenotype comprises infantile-onset epileptic encephalopathy associated with delayed development, acquired microcephaly, motor incoordination, and spasticity. Onset of seizures, usually characterized by apneic episodes, staring spells, and episodic eye movements, occurs within the first 4 months of life. Other paroxysmal findings include intermittent ataxia, confusion, lethargy, sleep disturbance, and headache. Varying degrees of cognitive impairment can occur, ranging from learning disabilities to severe mental retardation.
	Defects in SLC2A1 are the cause of GLUT1 deficiency syndrome type 2 (GLUT1DS2) [MIM:612126]. A clinically variable disorder characterized primarily by onset in childhood of paroxysmal exercise-induced dyskinesia. The dyskinesia involves transien abnormal involuntary movements, such as dystonia and choreoathetosis, induced by exercise or exertion, and affecting the exercised limbs. Some patients may also have epilepsy, most commonly childhood absence epilepsy. Mild mental retardation may also occur. In some patients involuntary exertion-induced dystonic, choreoathetotic, and ballistic movements may be associated with macrocytic hemolytic anemia.
	Similarity:



