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Rabbit Anti-SDHC antibody

SL8530R

Product Name:	SDHC
Chinese Name:	琥珀酸细胞色素亚基B560抗体
Alias:	mitochondrial; QPs1; C560_HUMAN; CYBL; Integral membrane protein CII-3; QPs-1; sdhC; Succinate dehydrogenase complex subunit C; Succinate dehydrogenase cytochrome b560 subunit; Succinate dehydrogenase cytochrome b560 subunit, mitochondrial precursor; Succinate-ubiquinone oxidoreductase cytochrome B large subunit.
Organism Species:	Rabbit
Clonality:	Polyclonal
React Species:	Human,
Applications:	WB=1:500-2000ELISA=1:500-1000IHC-P=1:400-800IHC-F=1:400-800ICC=1:100-500IF=1:50-200（Paraffin sections need antigen repair） not yet tested in other applications. optimal dilutions/concentrations should be determined by the end user.
Molecular weight:	15kDa
Cellular localization:	cytoplasmicThe cell membrane
Form:	Lyophilized or Liquid
Concentration:	1mg/ml
immunogen:	KLH conjugated synthetic peptide derived from human Succinate dehydrogenase complex subunit C/SDHC:81-169/169
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
Product Detail:	Membrane-anchoring subunit of succinate dehydrogenase (SDH) that is involved in complex II of the mitochondrial electron transport chain and is responsible for

transferring electrons from succinate to ubiquinone.

Function:
Membrane-anchoring subunit of succinate dehydrogenase (SDH) that is involved in complex II of the mitochondrial electron transport chain and is responsible for transferring electrons from succinate to ubiquinone (coenzyme Q).

Subunit:
Component of complex II composed of four subunits: the flavoprotein (FP) SDHA, iron-sulfur protein (IP) SDHB, and a cytochrome b560 composed of SDHC and SDHD.

Subcellular Location:
Mitochondrion inner membrane.

DISEASE:
Defects in SDHC are the cause of paragangliomas type 3 (PGL3) [MIM:605373]. A neural crest tumor usually derived from the chromoreceptor tissue of a paraganglion. Paragangliomas are most commonly located in the head and neck region, specifically at the carotid bifurcation, the jugular foramen, the vagal nerve, and in the middle ear. Defects in SDHC are a cause of paraganglioma and gastric stromal sarcoma (PGGSS) [MIM:606864]; also known as Carney-Stratakis syndrome. Gastrointestinal stromal tumors may be sporadic or inherited in an autosomal dominant manner, alone or as a component of a syndrome associated with other tumors, such as in the context of neurofibromatosis type 1 (NF1). Patients have both gastrointestinal stromal tumors and paragangliomas. Susceptibility to the tumors was inherited in an apparently autosomal dominant manner, with incomplete penetrance.

Similarity:
Belongs to the cytochrome b560 family.

SWISS:
Q99643

Gene ID:
6391

Database links:

Entrez Gene: 6391 Human

Entrez Gene: 66052 Mouse

Entrez Gene: 289217 Rat

Omim: 602413 Human

	SwissProt: P35720 Cow SwissProt: Q99643 Human SwissProt: Q9CZB0 Mouse SwissProt: D0VWV4 Pig Unigene: 444472 Human Unigene: 198138 Mouse Unigene: 1698 Rat **Important Note:** This product as supplied is intended for research use only, not for use in human, therapeutic or diagnostic applications. Involvement in disease:Defects in SDHC are the cause of hereditary paragangliomas type 3 (PGL3) [MIM:605373]; also known as autosomal dominant non-chromaffin paragangliomas type 3. Non-chromaffin paragangliomas are usually benign, neural crest derived tumors of parasympathetic ganglia. Defects in SDHC are a cause of paraganglioma and gastric stromal sarcoma (PGGSS) ; also known as Carney-Stratakis syndrome. Gastrointestinal stromal tumors may be sporadic or inherited in an autosomal dominant manner, alone or as a component of a syndrome associated with other tumors, such as in the context of neurofibromatosis type 1 (NF1). Patients have both gastrointestinal stromal tumors and paragangliomas. Susceptibility to the tumors was inherited in an apparently autosomal dominant manner, with incomplete penetrance.