



HSP27 (phospho Ser78) Polyclonal Antibody

Catalog No	YP-Ab-03520
Isotype	IgG
Reactivity	Human;Rat;Mouse;
Applications	WB;IHC;IF;ELISA
Gene Name	HSPB1
Protein Name	Heat shock protein beta-1
Immunogen	The antiserum was produced against synthesized peptide derived from human HSP27 around the phosphorylation site of Ser78. AA range:45-94
Specificity	Phospho-HSP27 (S78) Polyclonal Antibody detects endogenous levels of HSP27 protein only when phosphorylated at S78.
Formulation	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.
Source	Polyclonal, Rabbit,IgG
Purification	The antibody was affinity-purified from rabbit antiserum by affinity-chromatography using epitope-specific immunogen.
Dilution	WB: 1/500 - 1/2000. IHC: 1/100 - 1/300. ELISA: 1/20000.. IF 1:50-200
Concentration	1 mg/ml
Purity	≥90%
Storage Stability	-20°C/1 year
Synonyms	HSPB1; HSP27; HSP28; Heat shock protein beta-1; HspB1; 28 kDa heat shock protein; Estrogen-regulated 24 kDa protein; Heat shock 27 kDa protein; HSP 27; Stress-responsive protein 27; SRP27
Observed Band	27kD
Cell Pathway	Cytoplasm . Nucleus . Cytoplasm, cytoskeleton, spindle . Cytoplasmic in interphase cells. Colocalizes with mitotic spindles in mitotic cells. Translocates to the nucleus during heat shock and resides in sub-nuclear structures known as SC35 speckles or nuclear splicing speckles. .
Tissue Specificity	Detected in all tissues tested: skeletal muscle, heart, aorta, large intestine, small intestine, stomach, esophagus, bladder, adrenal gland, thyroid, pancreas, testis, adipose tissue, kidney, liver, spleen, cerebral cortex, blood serum and cerebrospinal fluid. Highest levels are found in the heart and in tissues composed of striated and smooth muscle.
Function	disease:Defects in HSPB1 are a cause of distal hereditary motor neuronopathy type 2B (HMN2B) [MIM:608634]. Distal hereditary motor neuronopathies constitute a heterogeneous group of neuromuscular disorders caused by selective impairment of motor neurons in the anterior horn of the spinal cord, without sensory deficit in the posterior horn. The overall clinical picture consists of a classical distal muscular atrophy syndrome in the legs without clinical sensory loss. The disease starts with weakness and wasting of distal muscles of the



anterior tibial and peroneal compartments of the legs. Later on, weakness and atrophy may expand to the proximal muscles of the lower limbs and/or to the distal upper limbs.,disease:Defects in HSPB1 are the cause of Charcot-Marie-Tooth disease type 2F (CMT2F) [MIM:606595]. CMT2F is a form of Charcot-Marie-Tooth disease, the most common inherited disorder of

Background

The protein encoded by this gene is induced by environmental stress and developmental changes. The encoded protein is involved in stress resistance and actin organization and translocates from the cytoplasm to the nucleus upon stress induction. Defects in this gene are a cause of Charcot-Marie-Tooth disease type 2F (CMT2F) and distal hereditary motor neuropathy (dHMN). [provided by RefSeq, Oct 2008],

matters needing attention

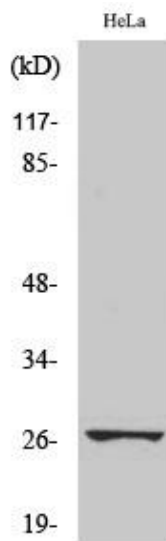
Avoid repeated freezing and thawing!

Usage suggestions

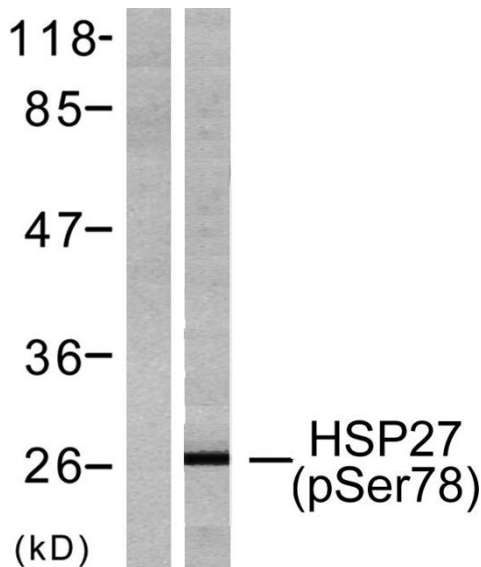
This product can be used in immunological reaction related experiments. For more information, please consult technical personnel.



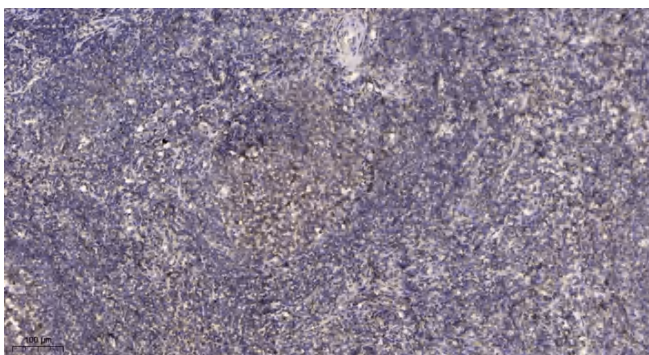
Products Images



Western Blot analysis of various cells using Phospho-HSP27 (S78) Polyclonal Antibody



Western blot analysis of lysates from HeLa cells treated with Ca²⁺, using HSP27 (Phospho-Ser78) Antibody. The lane on the left is blocked with the phospho peptide.



Immunohistochemical analysis of paraffin-embedded human tonsil. 1, Antibody was diluted at 1:200(4° overnight). 2, Tris-EDTA,pH9.0 was used for antigen retrieval. 3,Secondary antibody was diluted at 1:200(room temperature, 45min).