SunLong Biotech Co.,LTD
Tel: 0086-571-56623320 Fax:0086-571-56623318
E-mail:sales@sunlongbiotech.com
www.sunlongbiotech.com

[Primary Antibody]

Rabbit Anti-CYP11B1 antibody

Catalog Number: SL23821R

FOR RESEARCH USE ONLY

[DATASHEET]

Host:	Rabbit
Isotype:	IgG
Clonality:	Polyclonal
Target:	CYP11B1
Immunogen:	KLH conjugated synthetic peptide derived from mouse CYP11B1
Purification:	affinity purified by Protein A
Concentration:	1mg/ml
Storage:	0.01M TBS (pH7.4) with 1% BSA, 0.02% Proclin300 and 50% Glycerol. Shipped at 4℃. Store at -20 °C for one year. Avoid repeated freeze/thaw cycles.
Applications:	WB=1:500-2000 （Paraffin sections need antigen repair） not yet tested in other applications. optimal dilutions/concentrations should be determined by the end user.
Reactivity:	Human,Mouse,Rat
Predicted MW.:	55kDa
Subcellular Location:	cytoplasmic Mitochondrion
Background:	This gene encodes a member of the cytochrome P450 superfamily of enzymes. The cytochrome P450 proteins are monooxygenases which catalyze many reactions involved in drug metabolism and synthesis of cholesterol, steroids and other lipids. This protein localizes to the mitochondrial inner membrane and has steroid 11-beta-hydroxylase activity. In addition to this activity, the 18 or 19-hydroxylation of steroids and the aromatization of androstendione to estrone have also been ascribed to cytochrome P450 XIB. **Function:** Has steroid 11-beta-hydroxylase activity. In addition to this activity, the 18 or 19-hydroxylation of steroids and the aromatization of androstendione to estrone have also been ascribed to cytochrome P450 XIB. **Subcellular Location:** Mitochondrion membrane. DISEASE: Defects in CYP11B1 are the cause of adrenal hyperplasia type 4 (AH4) [MIM:202010]. AH4 is a form of congenital adrenal hyperplasia, a common recessive disease due to defective synthesis of cortisol. Congenital adrenal hyperplasia is characterized by androgen excess leading to ambiguous

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	genitalia in affected females, rapid somatic growth during childhood in both sexes with premature closure of the epiphyses and short adult stature. Four clinical types: 'salt wasting' (SW, the most severe type), 'simple virilizing' (SV, less severely affected patients), with normal aldosterone biosynthesis, 'non-classic form' or late onset (NC or LOAH), and 'cryptic' (asymptomatic). AH4 patients usually have hypertension. Defects in CYP11B1 are a cause of hyperaldosteronism familial type 1 (FH1) [MIM:103900]. It is a disorder characterized by hypertension, variable hyperaldosteronism, and abnormal adrenal steroid production, including 18-oxocortisol and 18-hydroxycortisol. There is significant phenotypic heterogeneity, and some individuals never develop hypertension. Note=The molecular defect causing hyperaldosteronism familial type 1 is an anti-Lepore-type fusion of the CYP11B1 and CYP11B2 genes. The hybrid gene has the promoting part of CYP11B1, ACTH-sensitive, and the coding part of CYP11B2. **Similarity:** Belongs to the cytochrome P450 family. **Database links:** **Entrez Gene:** 1584 Human **Entrez Gene:** 110115 Mouse Omim: 610613 Human **SwissProt:** P15538 Human **SwissProt:** Q3TG86 Mouse **Unigene:** 184927 Human

[VALIDATION IMAGES]

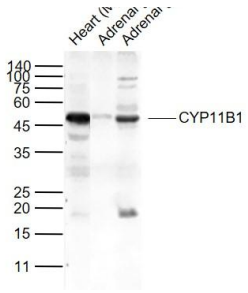


Figure 1. Sample: Lane 1: Mouse Heart tissue lysates Lane 2: Mouse Adrenal gland tissue lysates Lane 3: Rat Adrenal gland tissue lysates Primary: Anti-CYP11B1 (SL23821R) at 1/1000 dilution Secondary: IRDye800CW Goat Anti-Rabbit IgG at 1/20000 dilution Predicted band size: 55 kD Observed band size: 50 kD

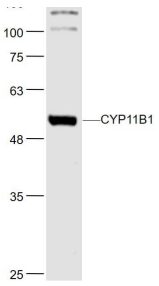


Figure 2. Sample: SH-SY5Y (Human) Cell Lysate at 30 ug Primary: Anti-CYP11B1 (SL23821R) at 1/1000 dilution Secondary: IRDye800CW Goat Anti-Rabbit IgG at 1/20000 dilution Predicted band size: 55 kD Observed band size: 50 kD

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