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DATA SHEET

Mouse Anti-Dystroglycan [2B1G12]: MC0349, MC0349RTU7

Intended Use: For Research Use Only

Description: Dystroglycan was originally isolated from skeletal muscle as an integral membrane component of the dystrophin-glycoprotein complex. In addition to skeletal muscle, dystroglycan is strongly expressed in heart and smooth muscle, as well as many non-muscle tissues including brain and peripheral nerve. The dystroglycan is involved in a number of processes including laminin and basement membrane assembly, sarcolemmal stability, cell survival, peripheral nerve myelination, nodal structure, cell migration, and epithelial polarization. Dystroglycan consists of two subunits - alpha and beta, which are translated from a single mRNA as a propeptide that is proteolytically cleaved into two noncovalently associated proteins. Alpha-dystroglycan is a 156 kDa extracellular peripheral glycoprotein, while beta-dystroglycan is a 43 kDa transmembrane protein. The 43 kDa beta-dystroglycan can be cleaved into a 30 kDa form.

Specifications

Clone:	2B1G12
Source:	Mouse
Isotype:	IgG1
Reactivity:	Human, mouse, rat, pig
Localization:	Membrane, secreted
Formulation:	Antibody in PBS pH7.4, containing BSA and ≤ 0.09% sodium azide (NaN3)
Storage:	Store at 2°- 8°C
Applications:	IHC, ELISA, Flow Cyt., WB

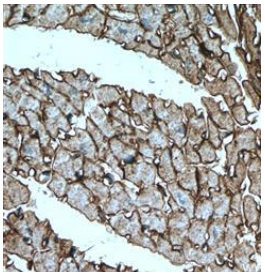
Package:

Description	Catalog No.	Size
Dystroglycan [2B1G12] Concentrated	MC0349	1 ml
Dystroglycan [2B1G12] Prediluted	MC0349RTU7	7 ml

IHC Procedure*

Positive Control Tissue:	Heart tissue, skeletal muscle tissue lysate
Concentrated Dilution:	25-100
Pretreatment:	Citrate pH6.0 or EDTA pH8.0, 15 minutes using Pressure Cooker, or 30-60 minutes using water bath at 95°-99°C
Incubation Time and Temp:	30-60 minutes @ RT
Detection:	Refer to the detection system manual

* Result should be confirmed by an established diagnostic procedure.



FFPE mouse heart stained with anti- Dystroglycan using DAB

References:

1. Fortunato MJ et al. Development of rabbit monoclonal antibodies for detection of alpha-dystroglycan in normal and dystrophic tissue. PLoS One 9:e97567, 2014.
2. Barik A et al. LRP4 is critical for neuromuscular junction maintenance. J Neurosci 34:13892-905, 2014.
3. Meilleur KG et al. Clinical, pathologic, and mutational spectrum of dystroglycanopathy caused by LARGE mutations. J Neuropathol Exp Neurol 73:425-41, 2014.

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