

**bs-8257R**

# Gentaur

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## TBX1 Polyclonal Antibody

### DATASHEET

**Host:** Rabbit**Target Protein:** TBX1**Immunogen Range:** 165-270/398**Clonality:** Polyclonal**Isotype:** IgG**Entrez Gene:** 6899**Source:** KLH conjugated synthetic peptide derived from human TBX1**Purification:** Purified by Protein A.**Storage Buffer:** 0.01M TBS(pH7.4) with 1% BSA, 0.02% Proclin300 and 50% Glycerol.**Storage:** Shipped at 4°C. Store at -20°C for one year. Avoid repeated freeze/thaw cycles.

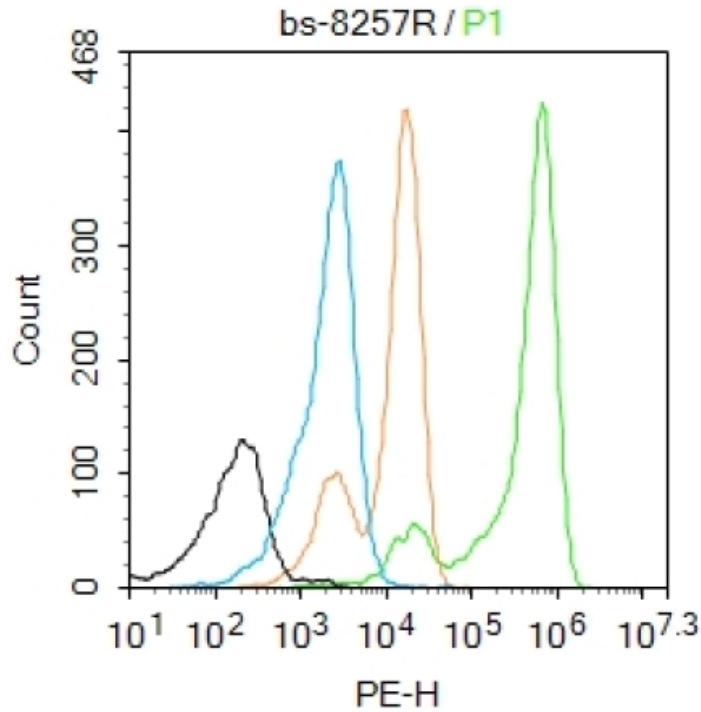
**Background:** Probable transcriptional regulator involved in developmental processes. Is required for normal development of the pharyngeal arch arteries. Involvement in disease: Haploinsufficiency of the TBX1 gene is responsible for most of the physical malformations present in DiGeorge syndrome (DGS) and velocardiofacial syndrome (VCFS). DGS is characterized by the association of several malformations: hypoplastic thymus and parathyroid glands, congenital conotruncal cardiopathy, and a subtle but characteristic facial dysmorphism. VCFS is marked by the association of congenital conotruncal heart defects, cleft palate or velar insufficiency, facial dysmorphism and learning difficulties. It is now accepted that these two syndromes represent two forms of clinical expression of the same entity manifesting at different stages of life. Defects in TBX1 are a cause of DiGeorge syndrome (DGS). Defects in TBX1 are a cause of velocardiofacial syndrome (VCFS). Defects in TBX1 are a cause of conotruncal heart malformations (CTHM). CTHM consist of cardiac outflow tract defects, such as tetralogy of Fallot, pulmonary atresia, double-outlet right ventricle, truncus arteriosus communis, and aortic arch anomalies.

**Size:** 100ul**Concentration:** 1ug/ul**Applications:** WB(1:300-5000)  
ELISA(1:500-1000)  
FCM(1:20-100)**Predicted Molecular Weight:** 43**Cross Reactive Species:** Human  
Mouse  
Rat**Predicted Cross Reactive Species:** Dog  
Cow  
Pig  
Horse  
Chicken

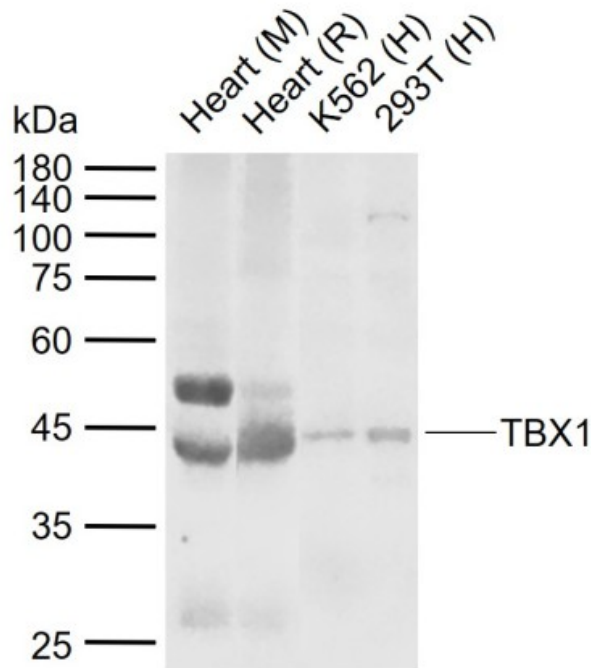
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### PRODUCT SPECIFIC PUBLICATIONS

- Adam Mitchell. et al. Rapid Generation of Pulmonary Organoids from Induced Pluripotent Stem Cells by Co-Culturing Endodermal and Mesodermal Progenitors for Pulmonary Disease Modelling. BIOMEDICINES. 2023 May;11(5):1476 [Read more>>](#)



K562 cells were fixed with 4% PFA for 10min at room temperature, permeabilized with 90% ice-cold methanol for 20 min at -20°C, and incubated in 5% BSA blocking buffer for 30 min at room temperature. Cells were then stained with TBX1 Antibody(bs-8257R) at 1:50 dilution in blocking buffer and incubated for 30 min at room temperature, washed twice with 2%BSA in PBS, followed by secondary antibody incubation for 40 min at room temperature. Acquisitions of 20,000 events were performed. Cells stained with primary antibody (green), and isotype control (orange).



Lane 1: Mouse Heart tissue lysates; Lane 2: Rat Heart tissue lysates; Lane 3: Human K562 cell lysates; Lane 4: Human 293T cell lysates probed with TBX1 Polyclonal Antibody, Unconjugated (bs-8257R) at 1:1000 dilution and 4°C overnight incubation. Followed by conjugated secondary antibody incubation at 1:20000 for 60 min at 37°C.