CRB1 Antibody – Rabbit Polyclonal

PRODUCT OVERVIEW

Product Name	CRB1, Polyclonal Antibody
Full Product Name	CRB1 Polyclonal Antibody
Product Gene Name	anti-CRB1 antibody
Clonality	Polyclonal
Isotype	IgG
Host	Rabbit
Species Reactivity	Mouse
Form/Format	PBS with 0.02% sodium azide, 50% glycerol, pH 7.3.
Purity/Purification	Affinity Purification
Preparation and Storage	Store at -20 degree C. Avoid freeze/thaw cycles.
Molecular Weight	95kDa; 104kDa; 142kDa; 151kDa; 154kDa
OMIM	gene 613835
3D Structure	ModBase 3D Structure for P82279
Immunogen	Recombinant protein of human CRB1 (NP_957705.1).
ISO Certification	Manufactured in an ISO 9001:2015 Certified Laboratory.
Applications Tested/Suitable for anti-CRB1 antibody	Immunohistochemistry (IHC)
Application Notes for anti-CRB1 antibody	IHC: 1:50-1:200
Related Product Information for anti-CRB1 antibody	This gene encodes a protein which is similar to the Drosophila crumbs protein and localizes to the inner segment of mammalian photoreceptors. In Drosophila crumbs localizes to the stalk of the fly photoreceptor and may be a component of the molecular scaffold that controls proper development of polarity in the eye. Mutations in this gene are associated with a severe form of retinitis pigmentosa, RP12, and with Leber congenital amaurosis. Alternate splicing results in multiple transcript variants, some protein coding and some non-protein coding.
Other Notes	Small volumes of anti-CRB1 antibody vial(s) may occasionally become entrapped in the seal of the product vial during shipment and storage. If necessary, briefly centrifuge the vial on a tabletop centrifuge to dislodge any liquid in the container`s cap. Certain products may require to ship with dry ice and additional dry ice fee may apply.
Searchable Terms for CRB1 purchase	MBS8566705 is an antibody targeting CRB1. Also known as CRB1 Polyclonal Antibody. Reactive in Mouse. Host: Rabbit.

ADDITIONAL DETAILS

NCBI/Uniprot data below describe general gene information for CRB1. It may not necessarily be applicable to this product.

NCBI GI #	302370926
NCBI GeneID	23418
NCBI Accession #	NP_001180569
UniProt Primary Accession #	P82279

UniProt Related Accession #	P82279
GenBank Nucleotide #	NP_001180569.1
NCBI Official Full Name	protein crumbs homolog 1 isoform 2
NCBI Official Synonym Full Names	crumbs cell polarity complex component 1
NCBI Official Symbol	CRB1
NCBI Official Synonym Symbols	LCA8; RP12
UniProt Protein Name	Protein crumbs homolog 1
Protein Family	Protein crumbs
UniProt Gene Name	CRB1
UniProt Entry Name	CRUM1_HUMAN
NCBI Protein Information	protein crumbs homolog 1
UniProt Comments for CRB1	CRB1: Plays a role in photoreceptor morphogenesis in the retina. May maintain cell polarization and adhesion. CRB1 mutations have been found in various retinal dystrophies, chronic and disabling disorders of visual function. They predominantly involve the posterior portion of the ocular fundus, due to degeneration in the sensory layer of the retina, retinal pigment epithelium, Bruch membrane, choroid, or a combination of these tissues. Onset of inherited retinal dystrophies is painless, bilateral and typically progressive. Most people experience gradual peripheral vision loss or tunnel vision, and difficulties with poor illumination and night vision. Central vision is usually unaffected, so the person may still be able to read. However, it can also deteriorate to cause total blindness. Examples of retinal dystrophies are retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy among others. Defects in CRB1 are the cause of retinitis pigmentosa type 12 (RP12). A retinal dystrophy belonging to the group of pigmentary retinopathies. Retinitis pigmentosa is characterized by retinal pigment deposits visible on fundus examination and primary loss of rod photoreceptor cells, followed by secondary loss of cone photoreceptors. Patients typically have night vision blindness and loss of midperipheral visual field. As their condition progresses, they lose their far peripheral visual field and eventually central vision as well. RP12 is an autosomal recessive severe form oFTen manifesting in early childhood. Patients experiment progressive visual field loss with severe visual impairment before the age of twenty. Some patients have a preserved paraarteriolar retinal pigment epithelium (PPRPE) and hypermetropia. Defects in CRB1 are the cause of Leber congenital amaurosis type 8 (LCA8). LCA designates a clinically and genetically heterogeneous group of childhood retinal degenerations, generally inherited in an autosomal recessive manner. Affected infants have little or no retinal photoreceptor function as tested by electroretinography. LCA represents the most common genetic cause of congenital visual impairment in infants and children. Defects in CRB1 are the cause of pigmented paravenous chorioretinal atrophy (PPCRA). PPCRA is an unusual retinal degeneration characterized by accumulation of pigmentation along retinal veins. PPCRA is dominantly inherited, but exhibited variable expressivity. Males are more likely to exhibit a severe phenotype, whereas females may remain virtually asymptomatic even in later years. The PPCRA phenotype is associated with a mutation in CRB1 gene which is likely to affect the structure of the CRB1 protein. Belongs to the Crumbs protein family. 4 isoforms of the human protein are produced by alternative splicing. Protein type: Motility/polarity/chemotaxis; Cell development/differentiation; Membrane protein, integral Chromosomal Location of Human Ortholog: 1q31.3 Cellular Component: microvillus; apical plasma membrane; extracellular region; integral to membrane Molecular Function: protein binding; calcium ion binding Biological Process: eye photoreceptor cell development; plasma membrane organization and biogenesis; cell-cell signaling; establishment and/or maintenance of cell polarity Disease: Leber Congenital Amaurosis 8; Retinitis Pigmentosa 12; Pigmented Paravenous Chorioretinal Atrophy
Research Articles on CRB1	**1.** CRB1 mutations may be a rare cause of foveal schisis which progressively evolves in atrophic maculopathy and the clinician should be aware of this unusual macular phenotype.

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