

## **GSTT1** Antibody (N-term)

Affinity Purified Rabbit Polyclonal Antibody (Pab) Catalog # AP12899A

### **Specification**

## **GSTT1** Antibody (N-term) - Product Information

Application WB, FC,E Primary Accession P30711

Other Accession A8MPT4, NP 000844.2

Reactivity
Host
Clonality
Polyclonal
Isotype
Calculated MW
Antigen Region
Reactivity
Human
Rabbit
Polyclonal
Rabbit IgG
7-34

### **GSTT1** Antibody (N-term) - Additional Information

#### **Gene ID 2952**

#### **Other Names**

Glutathione S-transferase theta-1, GST class-theta-1, Glutathione transferase T1-1, GSTT1

### Target/Specificity

This GSTT1 antibody is generated from rabbits immunized with a KLH conjugated synthetic peptide between 7-34 amino acids from the N-terminal region of human GSTT1.

# **Dilution**

WB~~1:2000 FC~~1:10~50

E~~Use at an assay dependent concentration.

#### **Format**

Purified polyclonal antibody supplied in PBS with 0.09% (W/V) sodium azide. This antibody is purified through a protein A column, followed by peptide affinity purification.

#### Storage

Maintain refrigerated at 2-8°C for up to 2 weeks. For long term storage store at -20°C in small aliquots to prevent freeze-thaw cycles.

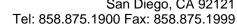
### **Precautions**

GSTT1 Antibody (N-term) is for research use only and not for use in diagnostic or therapeutic procedures.

# **GSTT1** Antibody (N-term) - Protein Information

#### Name GSTT1







Function Conjugation of reduced glutathione to a wide number of exogenous and endogenous hydrophobic electrophiles. Acts on 1,2-epoxy- 3-(4-nitrophenoxy)propane, phenethylisothiocyanate 4-nitrobenzyl chloride and 4-nitrophenethyl bromide. Displays glutathione peroxidase activity with cumene hydroperoxide.

## **Cellular Location**

Cytoplasm.

#### **Tissue Location**

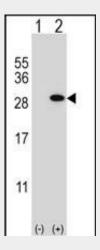
Found in erythrocyte. Expressed at low levels in liver. In lung, expressed at low levels in club cells and ciliated cells at the alveolar/bronchiolar junction. Absent from epithelial cells of larger bronchioles.

### **GSTT1** Antibody (N-term) - Protocols

Provided below are standard protocols that you may find useful for product applications.

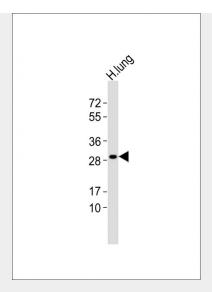
- Western Blot
- Blocking Peptides
- Dot Blot
- Immunohistochemistry
- Immunofluorescence
- <u>Immunoprecipitation</u>
- Flow Cytomety
- Cell Culture

# GSTT1 Antibody (N-term) - Images

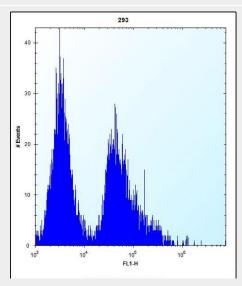


Western blot analysis of GSTT1 (arrow) using rabbit polyclonal GSTT1 Antibody (N-term) (Cat. #AP12899a). 293 cell lysates (2 ug/lane) either nontransfected (Lane 1) or transiently transfected (Lane 2) with the GSTT1 gene.





Anti-GSTT1 Antibody (N-term)at 1:2000 dilution + human lung lysates Lysates/proteins at 20  $\mu$ g per lane. Secondary Goat Anti-Rabbit IgG, (H+L), Peroxidase conjugated at 1/10000 dilution Predicted band size : 27 kDa Blocking/Dilution buffer: 5% NFDM/TBST.



GSTT1 Antibody (N-term) (Cat. #AP12899a) flow cytometric analysis of 293 cells (right histogram) compared to a negative control cell (left histogram).FITC-conjugated goat-anti-rabbit secondary antibodies were used for the analysis.

## GSTT1 Antibody (N-term) - Background

Glutathione S-transferase (GST) theta 1 (GSTT1) is a member of a superfamily of proteins that catalyze the conjugation of reduced glutathione to a variety of electrophilic and hydrophobic compounds. Human GSTs can be divided into five main classes: alpha, mu, pi, theta, and zeta. The theta class includes GSTT1 and GSTT2. The GSTT1 and GSTT2 share 55% amino acid sequence identity and both of them were claimed to have an important role in human carcinogenesis. The GSTT1 gene is located approximately 50kb away from the GSTT2 gene. The GSTT1 and GSTT2 genes have a similar structure, being composed of five exons with identical exon/intron boundaries.





# **GSTT1** Antibody (N-term) - References

Palli, D., et al. Mutagenesis 25(6):569-575(2010) Henderson, A.J., et al. Thorax 65(10):897-902(2010) Filonzi, L., et al. Birth Defects Res. Part A Clin. Mol. Teratol. 88(9):743-747(2010) Smith, G., et al. Pharmacogenet. Genomics (2010) In press : Bid, H.K., et al. J Postgrad Med 56(3):176-181(2010)