

ATXN7 Antibody (Center) Blocking Peptide
Synthetic peptide
Catalog # BP16926c**Specification**

ATXN7 Antibody (Center) Blocking Peptide - Product InformationPrimary Accession [O15265](#)**ATXN7 Antibody (Center) Blocking Peptide - Additional Information****Gene ID** 6314**Other Names**

Ataxin-7, Spinocerebellar ataxia type 7 protein, ATXN7, SCA7

Format

Peptides are lyophilized in a solid powder format. Peptides can be reconstituted in solution using the appropriate buffer as needed.

Storage

Maintain refrigerated at 2-8°C for up to 6 months. For long term storage store at -20°C.

Precautions

This product is for research use only. Not for use in diagnostic or therapeutic procedures.

ATXN7 Antibody (Center) Blocking Peptide - Protein Information**Name** ATXN7**Synonyms** SCA7 {ECO:0000303|PubMed:9288099}**Function**

Acts as a component of the STAGA transcription coactivator- HAT complex (PubMed:15932940, PubMed:18206972). Mediates the interaction of STAGA complex with the CRX and is involved in CRX- dependent gene activation (PubMed:15932940, PubMed:18206972). Necessary for microtubule cytoskeleton stabilization (PubMed:22100762).

Cellular Location

[Isoform a]: Nucleus. Nucleus, nucleolus. Nucleus matrix. Cytoplasm, cytoskeleton. Note=In addition to a diffuse distribution throughout the nucleus, it is associated with the nuclear matrix and the nucleolus (PubMed:10441328). It is able to shuttle between the nucleus and cytoplasm (PubMed:16314424)

Tissue Location

[Isoform a]: Isoform a is expressed in CNS, but is expressed predominantly in the peripheral tissues

ATXN7 Antibody (Center) Blocking Peptide - Protocols

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

- [Blocking Peptides](#)

ATXN7 Antibody (Center) Blocking Peptide - Images

ATXN7 Antibody (Center) Blocking Peptide - Background

The autosomal dominant cerebellar ataxias (ADCA) are a heterogeneous group of neurodegenerative disorders characterized by progressive degeneration of the cerebellum, brain stem and spinal cord. Clinically, ADCA has been divided into three groups: ADCA types I-III. ADCA I is genetically heterogeneous, with five genetic loci, designated spinocerebellar ataxia (SCA) 1, 2, 3, 4 and 6, being assigned to five different chromosomes. ADCA II, which always presents with retinal degeneration (SCA7), and ADCA III often referred to as the 'pure' cerebellar syndrome (SCA5), are most likely homogeneous disorders. Several SCA genes have been cloned and shown to contain CAG repeats in their coding regions. ADCA is caused by the expansion of the CAG repeats, producing an elongated polyglutamine tract in the corresponding protein. The expanded repeats are variable in size and unstable, usually increasing in size when transmitted to successive generations. This locus has been mapped to chromosome 3, and it has been determined that the diseased allele associated with spinocerebellar ataxia-7 contains 38-130 CAG repeats (near the N-terminus), compared to 7-17 in the normal allele. The encoded protein is a component of the SPT3/TAF9/GCN5 acetyltransferase (STAGA) and TBP-free TAF-containing (TFTC) chromatin remodeling complexes, and it thus plays a role in transcriptional regulation. Alternative splicing results in multiple transcript variants.

ATXN7 Antibody (Center) Blocking Peptide - References

Bonnet, J., et al. EMBO Rep. 11(8):612-618(2010) Han, Y., et al. Neurol India 58(4):622-626(2010) Chou, A.H., et al. Neurochem. Int. 56(2):329-339(2010) Mookerjee, S., et al. J. Neurosci. 29(48):15134-15144(2009) Freund, A.A., et al. Arq Neuropsiquiatr 67(4):1124-1132(2009)