

MUT Antibody (Center) Blocking Peptide

Synthetic peptide Catalog # BP8663c

Specification

MUT Antibody (Center) Blocking Peptide - Product Information

Primary Accession

P22033

MUT Antibody (Center) Blocking Peptide - Additional Information

Gene ID 4594

Other Names

Methylmalonyl-CoA mutase, mitochondrial, MCM, Methylmalonyl-CoA isomerase, MUT

Target/Specificity

The synthetic peptide sequence used to generate the antibody AP8663c was selected from the Center region of human MUT. A 10 to 100 fold molar excess to antibody is recommended. Precise conditions should be optimized for a particular assay.

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.

MUT Antibody (Center) Blocking Peptide - Protein Information

Name MMUT (HGNC:7526)

Function

Catalyzes the reversible isomerization of methylmalonyl-CoA (MMCoA) (generated from branched-chain amino acid metabolism and degradation of dietary odd chain fatty acids and cholesterol) to succinyl-CoA (3-carboxypropionyl-CoA), a key intermediate of the tricarboxylic acid cycle.

Cellular Location

Mitochondrion matrix. Mitochondrion. Cytoplasm

MUT Antibody (Center) Blocking Peptide - Protocols





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

• Blocking Peptides

MUT Antibody (Center) Blocking Peptide - Images

MUT Antibody (Center) Blocking Peptide - Background

MUT is the mitochondrial enzyme methylmalonyl Coenzyme A mutase. In humans, the protein is a vitamin B12-dependent enzyme which catalyzes the isomerization of methylmalonyl-CoA to succinyl-CoA, while in other species this enzyme may have different functions.

MUT Antibody (Center) Blocking Peptide - References

Crane, A.M., et.al., Hum. Genet. 89 (3), 259-264 (1992) Crane, A.M., et.al., J. Clin. Invest. 89 (2), 385-391 (1992)