

PSG5 (F-17): sc-102070

BACKGROUND

Pregnancy specific β_1 -glycoprotein 5 (PSG5), also designated fetal liver non-specific cross-reactive antigen 3, is a member of the PSG family, a group of closely related secreted glycoproteins that are highly expressed in fetal placental syncytiotrophoblast cells. The members of the PSG protein family all have a characteristic N-terminal domain that is homologous to the immunoglobulin variable region. PSGs become detectable in serum during the first two to three weeks of pregnancy and increase as the pregnancy progresses, eventually representing the most abundant fetal protein in the maternal blood at term. PSGs function to stimulate secretion of TH2-type cytokines from monocytes, and they may also modulate the maternal immune system during pregnancy, thereby protecting the semi-allotypic fetus from rejection. PSGs are commonly expressed in trophoblast tumors. Eleven human PSG proteins (PSG1-11) have been described.

REFERENCES

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2. Oikawa, S., et al. 1989. A pregnancy-specific β_1 -glycoprotein, a CEA gene family member, expressed in a human promyelocytic leukemia cell line, HL-60: structures of protein, mRNA and gene. *Biochem. Biophys. Res. Commun.* 163: 1021-1031.
3. Chan, W.Y., et al. 1991. Characterization of new members of the pregnancy-specific β_1 -glycoprotein family. *Mol. Cell. Biochem.* 106: 161-170.
4. Koritschoner, N.P., et al. 1996. Analyses of *cis*-acting and *trans*-acting elements that are crucial to sustain pregnancy-specific glycoprotein gene expression in different cell types. *Eur. J. Biochem.* 236: 365-372.
5. Bersinger, N.A., et al. 1998. Serum pregnancy-specific β_1 -glycoprotein before embryo transfer is related to endometrial thickness and to outcome prognosis in women undergoing *in vitro* fertilization treatment. *Hum. Reprod.* 13: 1962-1967.
6. Panzetta-Dutari, G.M., et al. 2000. Transcription of genes encoding pregnancy-specific glycoproteins is regulated by negative promoter-selective elements. *Biochem. J.* 350 Pt 2: 511-519.
7. Nores, R., et al. 2004. Transcriptional control of the human pregnancy-specific glycoprotein 5 gene is dependent on two GT-boxes recognized by the ubiquitous specificity protein 1 (Sp1) transcription factor. *Placenta* 25: 9-19.

CHROMOSOMAL LOCATION

Genetic locus: PSG5 (human) mapping to 19q13.31.

SOURCE

PSG5 (F-17) is a purified rabbit polyclonal antibody raised against PSG5 of human origin.

RESEARCH USE

For research use only, not for use in diagnostic procedures.

PRODUCT

Each vial contains 100 μ g IgG in 1.0 ml PBS with < 0.1% sodium azide, 0.1% gelatin and < 0.02% sucrose.

APPLICATIONS

PSG5 (F-17) is recommended for detection of PSG5 of human origin by Western Blotting (starting dilution 1:200, dilution range 1:100-1:1000), immunoprecipitation [1-2 μ g per 100-500 μ g of total protein (1 ml of cell lysate)] and solid phase ELISA (starting dilution 1:30, dilution range 1:30-1:3000).

Suitable for use as control antibody for PSG5 siRNA (h): sc-97505, PSG5 shRNA Plasmid (h): sc-97505-SH and PSG5 shRNA (h) Lentiviral Particles: sc-97505-V.

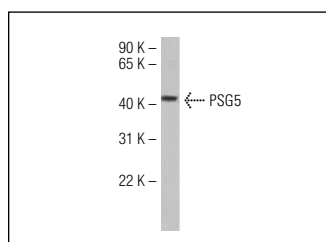
Molecular Weight of PSG5: 38 kDa.

Positive Controls: human placenta issue extract.

RECOMMENDED SECONDARY REAGENTS

To ensure optimal results, the following support (secondary) reagents are recommended: 1) Western Blotting: use goat anti-rabbit IgG-HRP: sc-2004 (dilution range: 1:2000-1:100,000) or Cruz Marker™ compatible goat anti-rabbit IgG-HRP: sc-2030 (dilution range: 1:2000-1:5000), Cruz Marker™ Molecular Weight Standards: sc-2035, TBS Blotto A Blocking Reagent: sc-2333 and Western Blotting Luminol Reagent: sc-2048. 2) Immunoprecipitation: use Protein A/G PLUS-Agarose: sc-2003 (0.5 ml agarose/2.0 ml).

DATA



PSG5 (F-17): sc-102070. Western blot analysis of PSG5 expression in placenta tissue extract.

STORAGE

Store at 4° C, ****DO NOT FREEZE****. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

PROTOCOLS

See our web site at www.scbt.com or our catalog for detailed protocols and support products.