

# DAK (A-19): sc-161514

## BACKGROUND

DAK (dihydroxyacetone kinase 2 homolog), also known as NET45, bifunctional ATP-dependent dihydroxyacetone kinase/FAD-AMP lyase (cyclizing), DHA kinase (ATP-dependent dihydroxyacetone kinase), glycerone kinase, FAD-AMP lyase (cyclic FMN forming) or FMN cyclase, is a 575 amino acid protein belonging to the dihydroxyacetone kinase (DAK) family. Existing as a homodimer, DAK catalyzes the formation of FAD to cyclin FMN, as well as the phosphorylation of dihydroxyacetone and splitting of ribonucleoside diphosphate-X compounds. DAK contains one DhaK domain, a DhaL domain, and is encoded by a gene located on human chromosome 11. Chromosome 11 houses over 1,400 genes and comprises nearly 4% of the human genome. Jervell and Lange-Nielsen syndrome, Jacobsen syndrome, Niemann-Pick disease, hereditary angioedema and Smith-Lemli-Opitz syndrome are associated with defects in genes that maps to chromosome 11.

## REFERENCES

1. Jira, P.E., et al. 2003. Smith-Lemli-Opitz syndrome and the DHCR7 gene. *Ann. Hum. Genet.* 67: 269-280.
2. Cabezas, A., et al. 2005. Identification of human and rat FAD-AMP lyase (cyclic FMN forming) as ATP-dependent dihydroxyacetone kinases. *Biochem. Biophys. Res. Commun.* 338: 1682-1689.
3. Uzcátegui, N.L., et al. 2007. Antiproliferative effect of dihydroxyacetone on *Trypanosoma brucei* bloodstream forms: cell cycle progression, subcellular alterations, and cell death. *Antimicrob. Agents Chemother.* 51: 3960-3968.
4. Schuchman, E.H. 2007. The pathogenesis and treatment of acid sphingomyelinase-deficient Niemann-Pick disease. *J. Inherit. Metab. Dis.* 30: 654-663.
5. Bhuiyan, Z.A., et al. 2008. An intronic mutation leading to incomplete skipping of exon-2 in KCNQ1 rescues hearing in Jervell and Lange-Nielsen syndrome. *Prog. Biophys. Mol. Biol.* 98: 319-327.

## CHROMOSOMAL LOCATION

Genetic locus: DAK (human) mapping to 11q12.2; Dak (mouse) mapping to 19 A.

## SOURCE

DAK (A-19) is an affinity purified goat polyclonal antibody raised against a peptide mapping within an internal region of DAK of human origin.

## PRODUCT

Each vial contains 200 µg IgG in 1.0 ml of PBS with < 0.1% sodium azide and 0.1% gelatin.

Blocking peptide available for competition studies, sc-161514 P, (100 µg peptide in 0.5 ml PBS containing < 0.1% sodium azide and 0.2% BSA).

## STORAGE

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

## APPLICATIONS

DAK (A-19) is recommended for detection of DAK of mouse, rat and human origin by Western Blotting (starting dilution 1:200, dilution range 1:100-1:1000), immunoprecipitation [1-2 µg per 100-500 µg of total protein (1 ml of cell lysate)], immunofluorescence (starting dilution 1:50, dilution range 1:50-1:500) and solid phase ELISA (starting dilution 1:30, dilution range 1:30-1:3000).

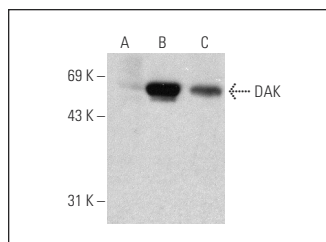
DAK (A-19) is also recommended for detection of DAK in additional species, including equine, canine, bovine and porcine.

Suitable for use as control antibody for DAK siRNA (h): sc-97079, DAK siRNA (m): sc-142869, DAK shRNA Plasmid (h): sc-97079-SH, DAK shRNA Plasmid (m): sc-142869-SH, DAK shRNA (h) Lentiviral Particles: sc-97079-V and DAK shRNA (m) Lentiviral Particles: sc-142869-V.

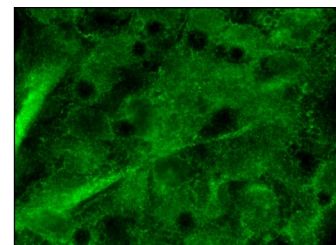
Molecular Weight of DAK: 59 kDa.

Positive Controls: DAK (m): 293T Lysate: sc-119655, mouse liver extract: sc-2256 or K-562 whole cell lysate: sc-2203.

## DATA



DAK (A-19): sc-161514. Western blot analysis of DAK expression in non-transfected: sc-117752 (A) and mouse DAK transfected: sc-119655 (B) 293T whole cell lysates and mouse liver tissue extract (C).



DAK (A-19): sc-161514. Immunofluorescence staining of formalin-fixed Hep G2 cells showing cytoplasmic localization.

## RESEARCH USE

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

## PROTOCOLS

See our web site at [www.scbt.com](http://www.scbt.com) or our catalog for detailed protocols and support products.

**MONOS**  
Satisfaction  
Guaranteed

Try **DAK (A-5): sc-365458** or **DAK (G-5): sc-365984**, our highly recommended monoclonal alternatives to DAK (A-19).