C5orf56 (L-15): sc-323651



The Power to Question

BACKGROUND

With 181 million base pairs encoding around 1,000 genes, chromosome 5 is about 6% of human genomic DNA. It is associated with Cockayne syndrome through the ERCC8 gene and familial adenomatous polyposis through the adenomatous polyposis coli (APC) tumor suppressor gene. Treacher Collins syndrome is also chromosome 5 associated and is caused by insertions or deletions within the TCOF1 gene. Deletion of the p arm of chromosome 5 leads to Cri du chat syndrome. Deletion of 5q or chromosome 5 altogether is common in therapy-related acute myelogenous leukemias and myelodysplastic syndrome. The C5orf56 gene product has been provisionally designated C5orf56 pending further characterization.

REFERENCES

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- Saltman, D.L., et al. 1993. A physical map of 15 loci on human chromosome 5q23-q33 by two-color fluorescence in situ hybridization. Genomics 16: 726-732.
- Kadmon, M., et al. 2001. Duodenal adenomatosis in familial adenomatous polyposis coli. A review of the literature and results from the Heidelberg Polyposis Register. Int. J. Colorectal Dis. 16: 63-75.
- 4. South, S.T., et al. 2006. A new genomic mechanism leading to cri-du-chat syndrome. Am. J. Med. Genet. 140: 2714-2720.
- 5. Aretz, S., et al. 2007. Somatic APC mosaicism: a frequent cause of familial adenomatous polyposis (FAP). Hum. Mutat. 28: 985-992.
- 6. Cleaver, J.E., et al. 2007. Cockayne syndrome exhibits dysregulation of p21 and other gene products that may be independent of transcription-coupled repair. Neuroscience 145: 1300-1308.
- 7. Du, H.Y., et al. 2007. Telomerase reverse transcriptase haploinsufficiency and telomere length in individuals with 5p- syndrome. Aging Cell 6: 689-697.
- 8. Herry, A., et al. 2007. Redefining monosomy 5 by molecular cytogenetics in 23 patients with MDS/AML. Eur. J. Haematol. 78: 457-467.

CHROMOSOMAL LOCATION

Genetic locus: C5orf56 (human) mapping to 5q31.1.

SOURCE

C5orf56 (L-15) is an affinity purified goat polyclonal antibody raised against a peptide mapping within an internal region of C5orf56 of human origin.

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.

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-323651 P, (100 μ g peptide in 0.5 ml PBS containing < 0.1% sodium azide and 0.2% BSA).

APPLICATIONS

C5orf56 (L-15) is recommended for detection of C5orf56 of human origin by Western Blotting (starting dilution 1:200, dilution range 1:100-1:1000), 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).

Suitable for use as control antibody for C5orf56 siRNA (h): sc-91847, C5orf56 shRNA Plasmid (h): sc-91847-SH and C5orf56 shRNA (h) Lentiviral Particles: sc-91847-V.

Molecular Weight of C5orf56: 15 kDa.

RECOMMENDED SECONDARY REAGENTS

To ensure optimal results, the following support (secondary) reagents are recommended: 1) Western Blotting: use donkey anti-goat IgG-HRP: sc-2020 (dilution range: 1:2000-1:100,000) or Cruz Marker™ compatible donkey anti-goat IgG-HRP: sc-2033 (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) Immunofluorescence: use donkey anti-goat IgG-FITC: sc-2024 (dilution range: 1:100-1:400) with UltraCruz™ Mounting Medium: sc-24941.

RESEARCH USE

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

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