CPT1-C siRNA (h): sc-97702



The Power to Question

BACKGROUND

The mitochondrial β -oxidation of long-chain fatty acids is initiated by the sequential action of CPT (carnitine palmitoyltransferase) I and II, together with carnitine carrier. CPTI catalyzes the first reaction in the transport of long-chain fatty acids from the cytoplasm to mitochondria, a rate-limiting step in β -oxidation. CPT1-C (carnitine palmitoyltransferase 1C), also known as CATL1, CPT1P, CPTIC or CPTI-B, is an 803 amino acid multi-pass membrane protein involved in lipid metabolism. Expressed primarily in testis and brain, CPT1-C belongs to the carnitine/choline acetyltransferase family and catalyzes the conversion of palmitoyl-CoA and L-Carnitine to CoA and L-palmitoylcarnitine. CPT1-C exists as three alternatively spliced isoforms that are encoded by a gene that maps to human chromosome 19q13.33.

REFERENCES

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CHROMOSOMAL LOCATION

Genetic locus: CPT1C (human) mapping to 19q13.33.

PRODUCT

CPT1-C siRNA (h) is a pool of 3 target-specific 19-25 nt siRNAs designed to knock down gene expression. Each vial contains 3.3 nmol of lyophilized siRNA, sufficient for a 10 μM solution once resuspended using protocol below. Suitable for 50-100 transfections. Also see CPT1-C shRNA Plasmid (h): sc-97702-SH and CPT1-C shRNA (h) Lentiviral Particles: sc-97702-V as alternate gene silencing products.

For independent verification of CPT1-C (h) gene silencing results, we also provide the individual siRNA duplex components. Each is available as 3.3 nmol of lyophilized siRNA. These include: sc-97702A, sc-97702B and sc-97702C.

PROTOCOLS

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

STORAGE AND RESUSPENSION

Store lyophilized siRNA duplex at -20° C with desiccant. Stable for at least one year from the date of shipment. Once resuspended, store at -20° C, avoid contact with RNAses and repeated freeze thaw cycles.

Resuspend lyophilized siRNA duplex in 330 μ l of the RNAse-free water provided. Resuspension of the siRNA duplex in 330 μ l of RNAse-free water makes a 10 μ M solution in a 10 μ M Tris-HCl, pH 8.0, 20 mM NaCl, 1 mM EDTA buffered solution.

APPLICATIONS

CPT1-C siRNA (h) is recommended for the inhibition of CPT1-C expression in human cells.

SUPPORT REAGENTS

For optimal siRNA transfection efficiency, Santa Cruz Biotechnology's siRNA Transfection Reagent: sc-29528 (0.3 ml), siRNA Transfection Medium: sc-36868 (20 ml) and siRNA Dilution Buffer: sc-29527 (1.5 ml) are recommended. Control siRNAs or Fluorescein Conjugated Control siRNAs are available as 10 µM in 66 µl. Each contain a scrambled sequence that will not lead to the specific degradation of any known cellular mRNA. Fluorescein Conjugated Control siRNAs include: sc-36869, sc-44239, sc-44240 and sc-44241. Control siRNAs include: sc-37007, sc-44230, sc-44231, sc-44232, sc-44233, sc-44234, sc-44235, sc-44236, sc-44237 and sc-44238.

GENE EXPRESSION MONITORING

CPT1-C (B-1): sc-514555 is recommended as a control antibody for monitoring of CPT1-C gene expression knockdown by Western Blotting (starting dilution 1:200, dilution range 1:100-1:1000) or immunofluorescence (starting dilution 1:50, dilution range 1:50-1:500).

To ensure optimal results, the following support reagents are recommended: 1) Western Blotting: use m-lgG κ BP-HRP: sc-516102 or m-lgG κ BP-HRP (Cruz Marker): sc-516102-CM (dilution range: 1:1000-1:10000), Cruz MarkerTM Molecular Weight Standards: sc-2035, UltraCruz[®] Blocking Reagent: sc-516214 and Western Blotting Luminol Reagent: sc-2048. 2) Immunofluorescence: use m-lgG κ BP-FITC: sc-516140 or m-lgG κ BP-PE: sc-516141 (dilution range: 1:50-1:200) with UltraCruz[®] Mounting Medium: sc-24941 or UltraCruz[®] Hard-set Mounting Medium: sc-359850.

RT-PCR REAGENTS

Semi-quantitative RT-PCR may be performed to monitor CPT1-C gene expression knockdown using RT-PCR Primer: CPT1-C (h)-PR: sc-97702-PR (20 μ l). Annealing temperature for the primers should be 55-60° C and the extension temperature should be 68-72° C.

RESEARCH USE

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

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