

Product datasheet for **AP11311PU-N**

BNIP3 (BH3 Domain) Rabbit Polyclonal Antibody

Product data:

Product Type:	Primary Antibodies
Applications:	IHC, WB
Recommended Dilution:	ELISA: 1/1,000. Western blot: 1/100-1/500. Immunohistochemistry: 1/50-1/100.
Reactivity:	Human, Mouse
Host:	Rabbit
Isotype:	Ig
Clonality:	Polyclonal
Immunogen:	This antibody was developed against a synthetic peptide selected from the central region (BH3 domain) of human NIP1.
Specificity:	This antibody is specific to NIP1 (BH3 Domain).
Formulation:	PBS containing 0.09% (W/V) Sodium Azide as preservative. State: Purified State: Liquid purified Ig fraction.
Concentration:	lot specific
Purification:	Protein G Chromatography, eluted with high and low pH buffers and neutralized immediately, followed by dialysis against PBS.
Conjugation:	Unconjugated
Storage:	Store the antibody undiluted at 2-8°C for one month or (in aliquots) at -20°C for longer. Avoid repeated freezing and thawing.
Stability:	Shelf life: one year from despatch.
Gene Name:	BCL2/adenovirus E1B 19kDa interacting protein 3
Database Link:	Entrez Gene 664 Human Q12983



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Background:

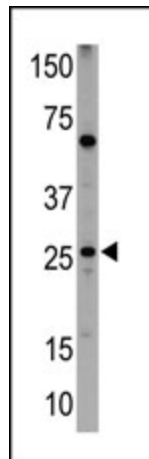
NIP1 (BNIP1) is a member of the BCL2/adenovirus E1B 19 kd-interacting protein (BNIP) family. It interacts with the E1B 19 kDa protein which is responsible for the protection of virally-induced cell death, as well as E1B 19 kDa-like sequences of BCL2, also an apoptotic protector. Alternative splicing of this gene results in four products of unknown function. Transcript variant BNIP1 contains the entire coding region of the gene. This variant contains a fully conserved BH3 domain, which has been associated with pro-apoptotic function.

Synonyms:

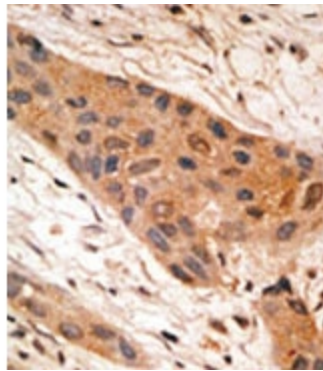
BNIP3

Note:

Calculated MW: 31198 Da

Product images:

Western blot analysis of anti-NIP1 BH3 Domain Pab (#) in HL60 cell lysates (35ug/lane). NIP1 BH3 Domain (arrow) was detected using the purified Pab.



Formalin-fixed and paraffin-embedded human cancer tissue reacted with the primary antibody, which was peroxidase-conjugated to the secondary antibody, followed by AEC staining. This data demonstrates the use of this antibody for immunohistochemistry; clinical relevance has not been evaluated.