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Datasheet

CHRFAM7A polyclonal antibody

Catalog Number: PAB15617

Regulation Status: For research use only (RUO)

Product Description: Goat polyclonal antibody raised aganist synthetic peptide of CHRFAM7A.

Immunogen: A synthetic peptide corresponding to human CHRFAM7A.

Sequence: QKYCIYQHFQFQ

Host: Goat

Theoretical MW (kDa): 46.2, 35.5

Applications: ELISA
(See our web site product page for detailed applications information)

Protocols: See our web site at http://www.abnova.com/support/protocols.asp or product page for detailed protocols

Form: Liquid

Purification: Antigen affinity purification

Concentration: 0.5 mg/mL

Recommend Usage: ELISA (1:1000)
The optimal working dilution should be determined by the end user.

Storage Buffer: In Tris saline, pH 7.3 (0.5% BSA, 0.02% sodium azide)

Storage Instruction: Store at -20°C.
Aliquot to avoid repeated freezing and thawing.

Entrez GeneID: 89832

Gene Symbol: CHRFAM7A

Gene Alias: CHRNA7, CHRNA7-DR1, D-10, MGC120482, MGC120483

Gene Summary: The nicotinic acetylcholine receptors (nAChRs) are members of a superfamily of ligand-gated ion channels that mediate fast signal transmission at synapses. The family member CHRNA7, which is located on chromosome 15 in a region associated with several neuropsychiatric disorders, is partially duplicated and forms a hybrid with a novel gene from the family with sequence similarity 7 (FAM7A). Alternative splicing has been observed, and two variants exist, for this hybrid gene. The N-terminally truncated products predicted by the largest open reading frames for each variant would lack the majority of the neurotransmitter-gated ion-channel ligand binding domain but retain the transmembrane region that forms the ion channel. Although current evidence supports transcription of this hybrid gene, translation of the nicotinic acetylcholine receptor-like protein-encoding open reading frames has not been confirmed. [provided by RefSeq]

References:

1. Sensory gating and alpha-7 nicotinic receptor gene allelic variants in schizoaffective disorder, bipolar type. Martin LF, Leonard S, Hall MH, Tregellas JR, Freedman R, Olincy A. Am J Med Genet B Neuropsychiatr Genet. 2007 Jul 5;144B(5):611-4.