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# **Glu-Tubulin**

Cat.No. 302 018; Recombinant rabbit antibody, 50 µg recombinant IgG (lyophilized)

# **Data Sheet**

Reconstitution/ Storage	50 $\mu g$ purified recombinant IgG, lyophilized. Albumin and azide were added for stabilization. For <b>reconstitution</b> add 50 $\mu$ l H <sub>2</sub> O to get a 1mg/ml solution in PBS. Then aliquot and store at -20°C to -80°C until use. Antibodies should be stored at +4°C when still lyophilized. Do not freeze! For detailed information, see back of the data sheet.
Applications	<b>WB</b> : 1: 1000 up to 1: 10000 (AP staining) <b>IP</b> : not tested yet <b>ICC</b> : 1: 500 up to 1: 1000 <b>IHC</b> : 1: 500 <b>IHC-P</b> : 1: 1000
Clone	Rb1D5
Subtype	IgG1 (κ light chain)
Immunogen	Synthetic peptide corresponding to residues near the c-terminus of human Glu-α-tubulin. (UniProt Id: Q71U36)
Epitop	AA 448 to 450 from human Glu-α-tubulin (UniProt Id: Q71U36)
Reactivity	Reacts with: human (Q71U36), rat (P68370), mouse (P68369), zebrafish, eukaryotes, other vertebrates. Other species not tested yet.
Specificity	Specific for detyrosinated α-tubulin (glu-tubulin) and polyglutamylated tubulin (also β-tubulin). No cross reaction to tyrosinated tubulin.
Remarks	This antibody is a chimeric antibody based on the well known monoclonal mouse antibody clone 1D5. The constant regions of the heavy and light chains have been replaced by rabbit specific sequences. Therefore, the antibody can be used with standard anti-rabbit secondary reagents. The antibody has been expressed in mammalian cells.

TO BE USED IN VITRO / FOR RESEARCH ONLY NOT TOXIC, NOT HAZARDOUS, NOT INFECTIOUS, NOT CONTAGIOUS

### **Background**

Microtubules are involved in a wide variety of cellular activities ranging from mitosis and transport events to cell movement and the maintainance of cell shape.

Tubulin itself is a globular protein which consists of two polypeptides, **α-tubulin** and β-tubulin. α- and β-tubulin dimers are assembled to 13 protofilaments that form a microtubule of 22 nm diameter. Tyrosine ligase ads a C-terminal tyrosin to monomeric α-tubulin.

Assembled microtubules can again be detyrosinated by a cytoskeleton associated carboxypeptidase. Detyrosinated  $\alpha$ -tubulin is referred to as **Glu-\alpha-tubulin**. Another post-translational modification of detyrosinated  $\alpha$ -tubulin is C-terminal polyglutamylation which is characteristic for microtubules in neuronal cells and the mitotic spindle. A third variant of detyrosinated  $\alpha$ -tubulin is  $\Delta$ 2-tubulin which lacks the C-terminal glutamic acid. It cannot be tyrosinated by tyrosine ligase and is one of the dominant  $\alpha$ -tubulin isoforms in neurons.

#### **Selected General References**

A vital role of tubulin-tyrosine-ligase for neuronal organization. Erck C et al. Proc. Natl. Acad. Sci. U.S.A. (2005) PubMed:15899979

Association of tubulin carboxypeptidase with microtubules in living cells.

Contin MA et al. Biochem. J. (1999) PubMed:10191280

Accumulation of delta 2-tubulin, a major tubulin variant that cannot be tyrosinated, in neuronal tissues and in stable microtubule assemblies.

Paturle-Lafanechère L et al. J. Cell. Sci. (1994) PubMed:7962195

Characterization of the tubulin-tyrosine ligase. Ersfeld K et al. J. Cell Biol. (1993) PubMed:8093886

Class II tubulin, the major brain beta tubulin isotype is polyglutamylated on glutamic acid residue 435.

Rüdiger M et al. FEBS Lett. (1992) PubMed:1379548

Autoregulation of tubulin synthesis in hepatocytes and fibroblasts.

Caron JM et al. J. Cell Biol. (1985) PubMed:3902854

Autoregulation of tubulin synthesis in enucleated cells.

Caron JM et al. Nature () PubMed:4058574

Access the online factsheet including applicable protocols at <a href="https://sysy.com/product/302018">https://sysy.com/product/302018</a> or scan the QR-code.



# FAQ - How should I store my antibody?

# **Shipping Conditions**

 All our antibodies and control proteins / peptides are shipped lyophilized (vacuum freezedried) and are stable in this form without loss of quality at ambient temperatures for several weeks.

# Storage of Sealed Vials after Delivery

- Unlabeled and biotin-labeled antibodies and control proteins should be stored at 4°C before reconstitution. They must not be stored in the freezer when still lyophilized!
   Temperatures below zero may cause loss of performance.
- Fluorescence-labeled antibodies should be reconstituted immediately upon receipt. Long term storage (several months) may lead to aggregation.
- **Control peptides** should be kept at -20°C before reconstitution.

# Long Term Storage after Reconstitution (General Considerations)

- The storage freezer must not be of the frost-free variety ("no-frost freezer"). This cycle
  between freezing and thawing (to reduce frost-build-up), which is exactly what should be
  avoided. For the same reason, antibody vials should be placed in an area of the freezer that
  has minimal temperature fluctuations, for instance towards the back rather than on a door
  shelf.
- Aliquot the antibody and store frozen (-20°C to -80°C). Avoid very small aliquots (below 20 µl)
  and use the smallest storage vial or tube possible. The smaller the aliquot, the more the stock
  concentration is affected by evaporation and adsorption of the antibody to the surface of the
  storage vial or tube. Adsorption of the antibody to the surface leads to a substantial loss of
  activity.
- The addition of glycerol to a final concentration of 50% lowers the freezing point of your stock and keeps your antibody at -20°C in liquid state. This efficiently avoids freeze and thaw cycles.

# **Product Specific Hints for Storage**

# Control proteins / peptides

• Store at -20°C to -80°C.

#### **Monoclonal Antibodies**

- Ascites and hybridoma supernatant should be stored at -20°C up to -80°C. Prolonged storage at 4°C is not recommended! Unlike serum, ascites may contain proteases that will degrade the antibodies.
- **Purified IgG** should be stored at -20°C up to -80°C. Adding a carrier protein like BSA will increase long term stability. Many of our antibodies already contain carrier proteins. Please refer to the data-sheet for detailed information.

#### **Polyclonal Antibodies**

- Crude antisera: With anti-microbials added, they may be stored at 4°C. However, frozen storage (-20°C up to -80°C) is preferable.
- Affinity purified antibodies: Less robust than antisera. Storage at -20°C up to -80°C is
  recommended. Adding a carrier protein like BSA will increase long term stability. Most of our
  antibodies already contain carrier proteins. Please refer to the data-sheet for detailed
  information.

#### Fluorescence-labeled Antibodies

• Store as a liquid with 1:1 (v/v) glycerol at -20°C. Protect these antibodies from light exposure.

# Avoid repeated freeze-thaw cycles for all antibodies!

# FAQ - How should I reconstitute my antibody?

#### Reconstitution

- All our purified antibodies are lyophilized from PBS. To reconstitute the antibody in PBS, add
  the amount of deionized water given in the respective datasheet. If higher volumes are
  preferred, add water as mentioned above and then the desired amount of PBS and a
  stabilizing carrier protein (e.g. BSA) to a final concentration of 2%. Some of our antibodies
  already contain albumin. Take this into account when adding more carrier protein.
   For complete reconstitution, carefully remove the lid. After adding water, briefly vortex the
  solution. You can spin down the liquid by placing the vial into a 50 ml centrifugation tube filled
  with paper.
- If desired, add small amounts of azide or thimerosal to prevent microbial growth. This is especially recommended if you want to keep an aliquot a 4°C.
- After reconstitution of fluorescence-labeled antibodies, add 1:1 (v/v) glycerol to a final
  concentration of 50%. This lowers the freezing point of your stock and keeps your antibody in
  liquid state at -20°C.
- Glycerol may also be added to unlabeled primary antibodies. It is a suitable way to avoid freezethaw cycles.
- Please refer to our tips and hints for subsequent storage of reconstituted antibodies and control peptides and proteins.