

ATG5
Purified Mouse Monoclonal Antibody
Catalog # AO2599a

Specification

ATG5 - Product Information

Application	E, WB, ICC
Primary Accession	O9H1Y0
Reactivity	Human
Host	Mouse
Clonality	Monoclonal
Isotype	Mouse IgG2b
Calculated MW	32.4kDa KDa

Immunogen

Purified recombinant fragment of human ATG5 (AA: 144-275) expressed in E. Coli.

Formulation

Purified antibody in PBS with 0.05% sodium azide

ATG5 - Additional Information

Gene ID 9474

Other Names

ASP; APG5; APG5L; hAPG5; APG5-LIKE

Dilution

E~~ 1/10000
WB~~ 1/500 - 1/2000
ICC~~ 1/100 - 1/500

Storage

Maintain refrigerated at 2-8°C for up to 6 months. For long term storage store at -20°C in small aliquots to prevent freeze-thaw cycles.

Precautions

ATG5 is for research use only and not for use in diagnostic or therapeutic procedures.

ATG5 - Protein Information

Name ATG5 ([HGNC:589](#))

Synonyms APG5L, ASP

Function

Involved in autophagic vesicle formation. Conjugation with ATG12, through a ubiquitin-like conjugating system involving ATG7 as an E1-like activating enzyme and ATG10 as an E2-like

conjugating enzyme, is essential for its function. The ATG12-ATG5 conjugate acts as an E3- like enzyme which is required for lipidation of ATG8 family proteins and their association to the vesicle membranes. Involved in mitochondrial quality control after oxidative damage, and in subsequent cellular longevity. Plays a critical role in multiple aspects of lymphocyte development and is essential for both B and T lymphocyte survival and proliferation. Required for optimal processing and presentation of antigens for MHC II. Involved in the maintenance of axon morphology and membrane structures, as well as in normal adipocyte differentiation. Promotes primary ciliogenesis through removal of OFD1 from centriolar satellites and degradation of IFT20 via the autophagic pathway. As part of the ATG8 conjugation system with ATG12 and ATG16L1, required for recruitment of LRRK2 to stressed lysosomes and induction of LRRK2 kinase activity in response to lysosomal stress (By similarity).

Cellular Location

Cytoplasm. Preautophagosomal structure membrane; Peripheral membrane protein
 Note=Colocalizes with nonmuscle actin. The conjugate detaches from the membrane immediately before or after autophagosome formation is completed (By similarity). Localizes also to discrete punctae along the ciliary axoneme and to the base of the ciliary axoneme.

Tissue Location

Ubiquitous. The mRNA is present at similar levels in viable and apoptotic cells, whereas the protein is dramatically highly expressed in apoptotic cells

ATG5 - Protocols

Provided below are standard protocols that you may find useful for product applications.

- [Western Blot](#)
- [Blocking Peptides](#)
- [Dot Blot](#)
- [Immunohistochemistry](#)
- [Immunofluorescence](#)
- [Immunoprecipitation](#)
- [Flow Cytometry](#)
- [Cell Culture](#)

ATG5 - Images

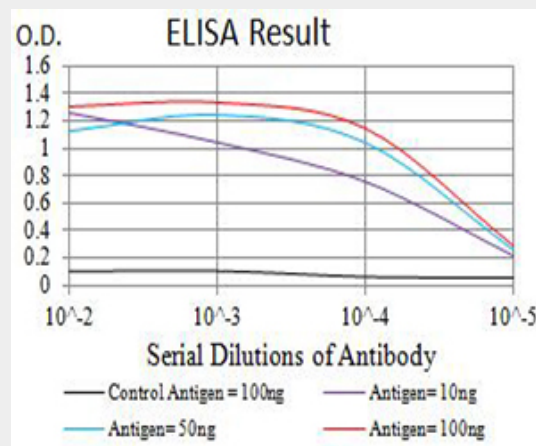


Figure 1:Black line: Control Antigen (100 ng);Purple line: Antigen (10ng); Blue line: Antigen (50 ng); Red line:Antigen (100 ng)

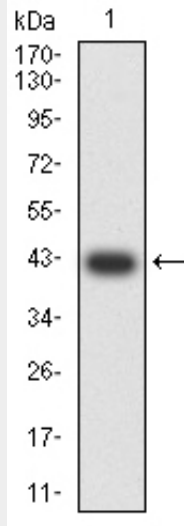


Figure 2:Western blot analysis using ATG5 mAb against human ATG5 (AA: 144-275) recombinant protein. (Expected MW is 41.5 kDa)

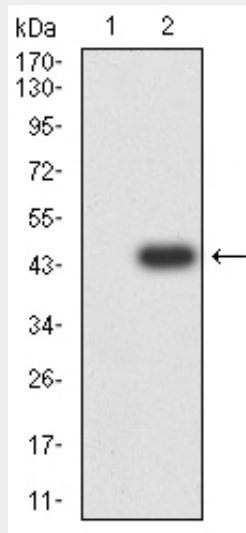


Figure 3:Western blot analysis using ATG5 mAb against HEK293 (1) and ATG5 (AA: 144-275)-hlgGfc transfected HEK293 (2) cell lysate.

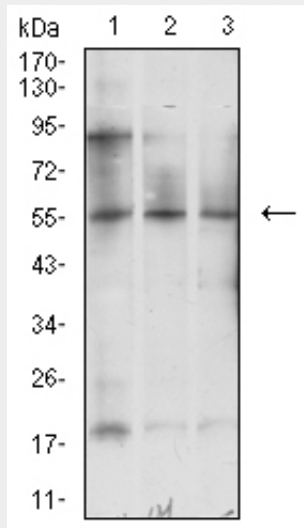


Figure 4:Western blot analysis using ATG5 mouse mAb against K562 (1), SH-SY5Y (2), and HCT116 (3) cell lysate.

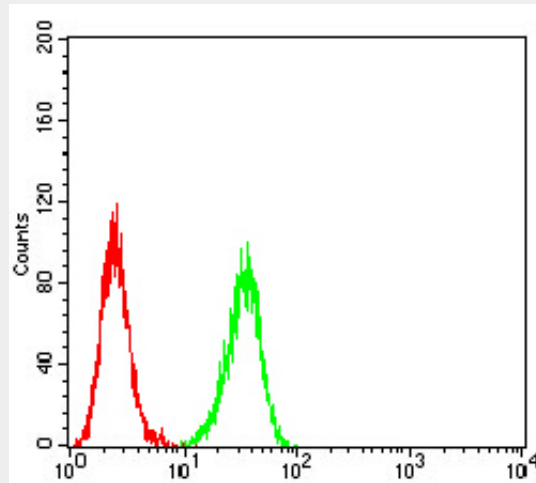


Figure 7:Flow cytometric analysis of Hela cells using ATG5 mouse mAb (green) and negative control (red).

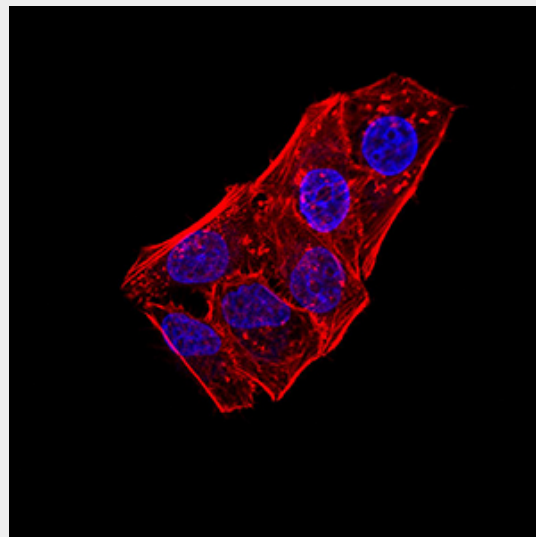


Figure 5:Immunofluorescence analysis of Hela cells using ATG5 mouse mAb. Blue: DRAQ5 fluorescent DNA dye. Red: Actin filaments have been labeled with Alexa Fluor- 555 phalloidin.

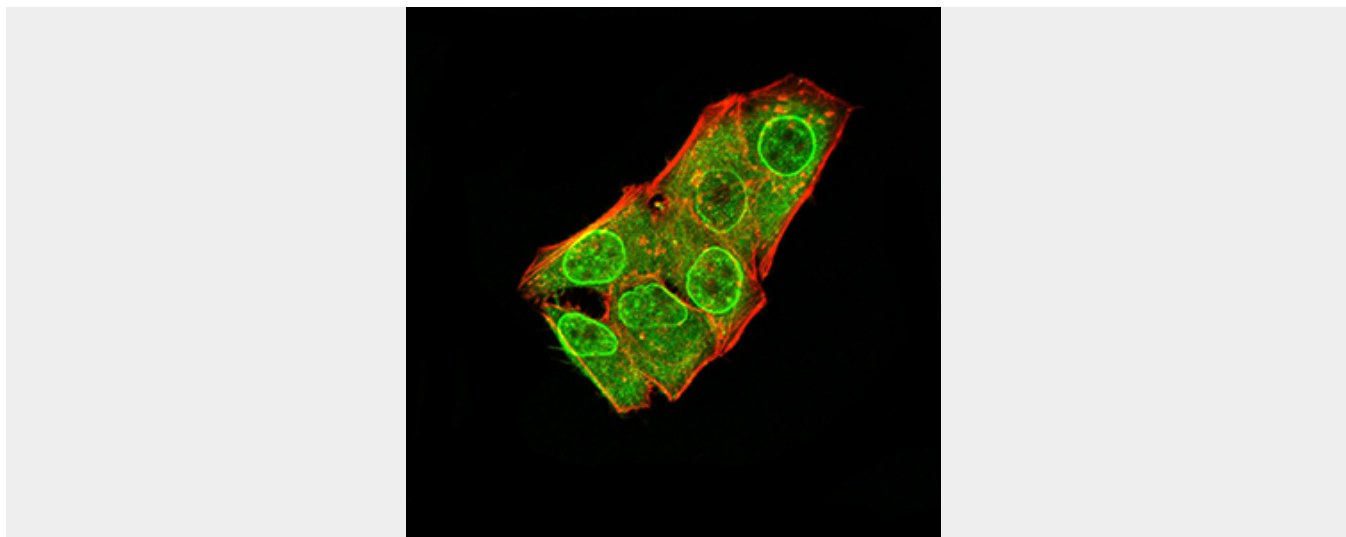


Figure 6: Immunofluorescence analysis of HeLa cells using ATG5 mouse mAb (green). Blue: DRAQ5 fluorescent DNA dye. Red: Actin filaments have been labeled with Alexa Fluor- 555 phalloidin. Secondary antibody from Fisher (Cat#: 35503)

ATG5 - References

1. PLoS One. 2014 Oct 17;9(10):e110293. 2. Sci Transl Med. 2013 Sep 11;5(202):202ra123.