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ProductInformation

Anti-Calcium Channel Ca_v3.2 (α_{1H}) produced in rabbit, affinity isolated antibody

Catalog Number C1868

Product Description

Anti-Calcium Channel Ca $_v$ 3.2 (α_{1H}) (voltage-dependent T-type Ca $^{2+}$ channel) is produced in rabbit using as immunogen a synthetic peptide CHVEGPQERARVAHS corresponding to amino acid residues 581-595 of rat Ca $_v$ 3.2. Epitope location: intracellular loop connecting D1-D2. Gene ID: 114862. Mouse, bovine, and canine have 14/15 residues identical; human has 13/15 residues identical. The antibody is affinity-purified using the immunizing peptide immobilized on agarose.

Anti-Calcium Channel Ca_v3.2 (α_{1H}) recognizes rat Ca_v3.2 (α_{1H}). The antibody has been used in immunoblotting.

Voltage-sensitive calcium channels (VSCC) mediate the entry of calcium ions into excitable cells and are also involved in a variety of calcium-dependent processes, including muscle contraction, hormone or neurotransmitter release, gene expression, cell motility, cell division and cell death. Three genes encoding T-type Ca²⁺ channels have been cloned and designated as $Ca_v 3.2 (\alpha 1H)$, $Ca_v 3.1 (\alpha 1G)$ and $Ca_v 3.3 (\alpha 1I)$. ¹⁻³ $Ca_{\nu}3.2$ (α 1H) belongs to the calcium channel α 1H subunit family and is a membrane protein expressed in brain. The isoform α 1H gives rise to T-type calcium currents. T-type calcium channels belong to the "lowvoltage activated (LVA)" group and are strongly blocked by nickel and mibefradil. T- types of channels are characterized by an opening at negative potentials and a voltage-dependent inactivation. T-type channels serve pacemaking functions in both central neurons and cardiac nodal cells and support calcium signaling in secretory cells and vascular smooth muscle. Ca_v3.2 channels are involved in several pathologies. Overexpression of the Ca_v3.2 channel in prostate cancer cells is associated with more aggressiveness, invasiveness, and poor prognosis.4 Several point mutations discovered in the Ca_v3.2 channel that affect gating of the channel are associated with Childhood Absence Epilepsy.⁵ One year old mice, deficient in Ca_v3.2 channel, exhibited severe cardiac pathology, fibrosis, necrosis, lymphocyte infiltration, and abnormal coronary function compared to wild-type mice.

Research has demonstrated that T-type channels are expressed in DRG neurons and that small and medium-diameter primary afferent neurons in the dorsal horn express almost exclusively the Ca_v3.2 channels. This might indicate a possible role for Ca_v3.2 in nociception.⁷

Reagent

Supplied as a lyophilized powder from a solution of phosphate buffered saline, pH 7.4, containing 1% bovine serum albumin and 0.05% sodium azide as a preservative. See C of A for the lot-specific protein concentration after reconstitutuion.

Precautions and Disclaimer

This product is for R&D use only, not for drug, household, or other uses. Please consult the Material Safety Data Sheet for information regarding hazards and safe handling practices.

Storage/Stability

For extended storage, freeze at $-20\,^{\circ}$ C. The reconstituted solution can be stored at 2-8 $^{\circ}$ C for up to 2 weeks. For longer periods, small aliquots should be stored at $-20\,^{\circ}$ C or below. Avoid multiple freezing and thawing, and storage in "frost-free" freezers. If slight turbidity occurs upon prolonged storage, clarify the solution by centrifugation before use. Working dilutions should be discarded if not used within 12 hours.

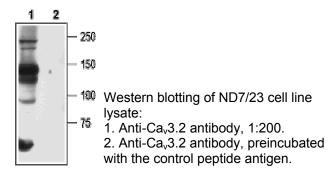
Preparation Instructions

Add 50 or 200 μ L of deionized water, depending on the package size. The resulting solution contains phosphate buffered saline, pH 7.4, 1% BSA, and 0.05% sodium azide. Centrifuge all antibody preparations before use (10,000 × g for 5 min). Further dilutions should be made using a carrier protein such as BSA (1%).

Product Profile

Immunoblotting: a working dilution of 1:200 is recommended using a lysate from the ND7/23 cell line (mouse neuroblastoma x rat DRG neuron hybrid cell line).

Note: In order to obtain the best results using various techniques and preparations, we recommend determining the optimal working dilutions by titration.



References

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- 5. Khosravani, H., et al., *J. Biol. Chem.*, **279**, 9681-9684 (2004).
- 6. Chen, C-C., et al., Science, **302**,1416-1418 (2003).
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