

Nav1.7 Antibody
Nav1.7 Antibody, Clone S68-6
Catalog # ASM10192

Specification

Nav1.7 Antibody - Product Information

Application	IHC, WB
Primary Accession	O15858
Other Accession	NP_002968.1
Host	Mouse
Isotype	IgG1
Reactivity	Human, Mouse, Rat, Hamster
Clonality	Monoclonal

Description

Mouse Anti-Human Nav1.7 Monoclonal IgG1

Target/Specificity

Detects ~230kDa. No cross-reactivity against other Nav channels.

Other Names

ETHA Antibody, hNE Na Antibody, NE NA Antibody, PN1 Antibody, SCN9A Antibody, voltage gated sodium channel subunit alpha Nav1 Antibody, peripheral sodium channel 1 Antibody, neuroendocrine sodium channel Antibody

Immunogen

Fusion protein amino acids 1751-1946 (C-terminus) of human Nav1.7

Purification

Protein G Purified

Storage **-20°C**

Storage Buffer

PBS pH7.4, 50% glycerol, 0.09% sodium azide

Shipping Temperature

Blue Ice or 4°C

Certificate of Analysis

1 µg/ml of SMC-314 was sufficient for detection of Nav1.7 in 10 µg of HEK-293 cell lysate transiently expressing Nav1.7 by colorimetric immunoblot analysis using Goat anti-mouse IgG:HRP as the secondary antibody.

Cellular Localization

Membrane | Synapse

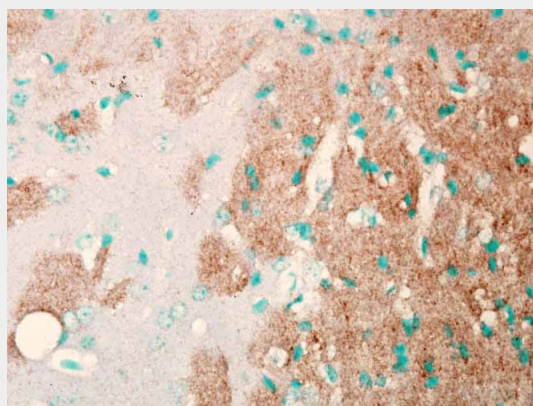
Nav1.7 Antibody - Protocols

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

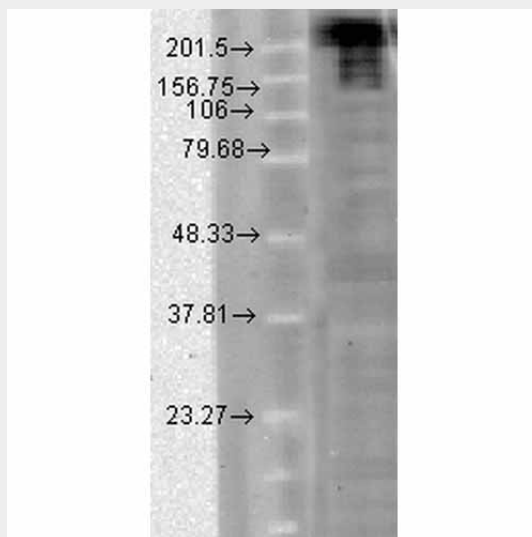
- [Western Blot](#)
- [Blocking Peptides](#)

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

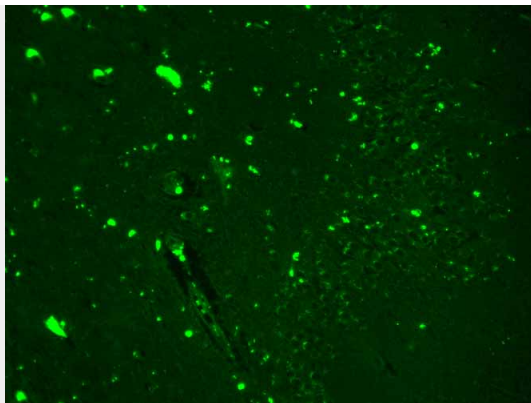
Nav1.7 Antibody - Images



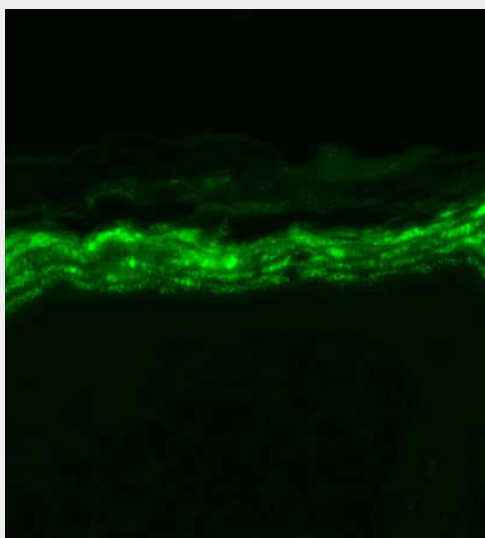
Immunohistochemistry analysis using Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody, Clone S68-6 (ASM10192). Tissue: Brain Slice. Species: Mouse. Fixation: Frozen sections. Primary Antibody: Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody (ASM10192) at 1:1000. Secondary Antibody: HRP/DAB Detection System: Biotinylated Goat Anti-Mouse, Streptavidin Peroxidase, DAB Chromogen (brown). Counterstain: Mayer Hematoxylin (purple/blue) nuclear stain.



Western Blot analysis of hamster CHO cells showing detection of Nav1.7 Sodium Channel protein using Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody, Clone S68-6 (ASM10192). Load: 15 µg. Block: 1.5% BSA for 30 minutes at RT. Primary Antibody: Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody (ASM10192) at 1:1000 for 2 hours at RT. Secondary Antibody: Sheep Anti-Mouse IgG: HRP for 1 hour at RT.



Immunohistochemistry analysis using Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody, Clone S68-6 (ASM10192). Tissue: hippocampus. Species: Human. Fixation: Bouin's Fixative and paraffin-embedded. Primary Antibody: Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody (ASM10192) at 1:1000 for 1 hour at RT. Secondary Antibody: FITC Goat Anti-Mouse (green) at 1:50 for 1 hour at RT.



Immunohistochemistry analysis using Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody, Clone S68-6 (ASM10192). Tissue: backskin. Species: Mouse. Fixation: Bouin's Fixative and paraffin-embedded. Primary Antibody: Mouse Anti-Nav1.7 Sodium Channel Monoclonal Antibody (ASM10192) at 1:100 for 1 hour at RT. Secondary Antibody: FITC Goat Anti-Mouse (green) at 1:50 for 1 hour at RT.

Nav1.7 Antibody - Background

Nav1.7 is a voltage-gated sodium channel and plays a critical role in the generation and conduction of action potentials and is thus important for electrical signaling by most excitable cells. Therapeutically, the association of pain insensitivity with the loss of function of a certain sodium channel may have implications. Since Nav1.7 is not present in cardiac muscle or neurons in the central nervous system, blockers of Nav1.7 will not have direct action on these cells and thus can have less side effects than current pain medications. By performing more studies, there is a possibility to develop a new generation of drugs that can reduce the pain intensity in animals (1-3).

Nav1.7 Antibody - References

1. Dray A. (2008) Br. J. Anaesth. 101(1): 48-58.

2. Dray A., Read S.J (2007) Arthritis Res. Ther. 9(3): 212.
3. Samuels M.E., teMorshe R.H., Lynch M.E., Drenth J.P. (2008) Mol Pain. 4: 21.