

<b>Product name:</b>	MLH3 Rabbit Polyclonal Antibody
<b>Cat number:</b>	ABN13948
<b>Conjugate:</b>	Unconjugated
<b>Size:</b>	100µL
<b>Clone:</b>	Polyclonal
<b>Concentration:</b>	1mg/ml
<b>Host:</b>	Rabbit
<b>Isotype:</b>	IgG
<b>Immunogen:</b>	The antiserum was produced against synthesized peptide derived from human MLH3. AA range:521-570
<b>Reactivity:</b>	Human,Rat,Mouse
<b>Applications:</b>	WB 1:500-1:2000,IHC 1:100-1:300,ICC/IF 1:50-1:200,ELISA 1:20000-1:40000
<b>Molecular Weight:</b>	164kDa
<b>Purification:</b>	Affinity purification
<b>Form:</b>	Liquid
<b>Buffer:</b>	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% New type preservative N.
<b>Storage:</b>	Store at 4°C short term. Aliquot and store at -20°C for 12 months. Avoid freeze/thaw cycles.

**Background:**

This gene is a member of the MutL-homolog (MLH) family of DNA mismatch repair (MMR) genes. MLH genes are implicated in maintaining genomic integrity during DNA replication and after meiotic recombination. The protein encoded by this gene functions as a heterodimer with other family members. Somatic mutations in this gene frequently occur in tumors exhibiting microsatellite instability, and germline mutations have been linked to hereditary nonpolyposis colorectal cancer type 7 (HNPCC7). Several alternatively spliced transcript variants have been identified, but the full-length nature of only two transcript variants has been determined. [provided by RefSeq, Jul 2008],disease:Defects in MLH3 are a cause of somatic colorectal cancer (CRC) [MIM:114500].,disease:Defects in MLH3 are the cause of hereditary non-polyposis colorectal cancer type 7 (HNPCC7) [MIM:604395]. Mutations in more than one gene locus can be involved alone or in combination in the production of the HNPCC phenotype (also called Lynch syndrome). Most families with clinically recognized HNPCC have mutations in either MLH1 or MSH2 genes. HNPCC is an autosomal, dominantly inherited disease associated with marked increase in cancer susceptibility. It is characterized by a familial predisposition to early onset colorectal carcinoma (CRC) and extra-colonic cancers of the gastrointestinal, urological and female reproductive tracts. HNPCC is reported to be the most common form of inherited colorectal cancer in the Western world, and accounts for 15% of all colon cancers. Cancers in HNPCC originate within benign neoplastic polyps termed adenomas. Clinically, HNPCC is often divided into two subgroups. Type I: hereditary predisposition to colorectal cancer, a young age of onset, and carcinoma observed in the proximal colon. Type II: patients have an increased risk for cancers in certain tissues such as the uterus, ovary, breast, stomach, small intestine, skin, and larynx in addition to the colon. Diagnosis of classical HNPCC is based on the Amsterdam criteria: 3 or more relatives affected by colorectal cancer, one a first degree relative of the other two; 2 or more generation affected; 1 or more colorectal cancers presenting before 50 years of age; exclusion of hereditary polyposis syndromes. The term "suspected HNPCC" or "incomplete HNPCC" can be used to describe families who do not or only partially fulfill the Amsterdam criteria, but in whom a genetic basis for colon cancer is strongly suspected.,function:Probably involved in the repair of mismatches in DNA.,sequence caution:Contaminating sequence. Sequence of unknown origin in the N-terminal part.,similarity:Belongs to the DNA mismatch repair mutL/hexB family.,subunit:Heterodimer of MLH1 and MLH3.,tissue specificity:Ubiquitous.,