

Immunotag™ TGF β Receptor I (ABT-TGFR1) mouse mAb

Antibody Specification	
Catalog No.	ITM6100
Product Description	Immunotag™ TGF β Receptor I (ABT-TGFR1) mouse mAb
Size	50 µg, 100 µg
Conjugation	HRP, Biotin, FITC, Alexa Fluor® 350, Alexa Fluor® 405, Alexa Fluor® 488, Alexa Fluor® 555, Alexa Fluor® 594, Alexa Fluor® 647
IMPORTANT NOTE	This product is custom manufactured with a lead time of 3-4 weeks. Once in production, this item cannot be cancelled from an order and is not eligible for return.
Target Protein	TGF β Receptor I (2F2)
Clonality	Monoclonal
Storage/Stability	-20°C/1 year
Application	IHC-p
Recommended Dilution	IHC-p 1:100-500
Concentration	1 mg/ml
Reactive Species	Human
Host Species	Mouse
Immunogen	Synthesized peptide derived from human TGF β Receptor I
Specificity	This antibody detects endogenous levels of human TGF β Receptor I
Purification	The antibody was affinity-purified from mouse ascites by affinity-chromatography using specific immunogen
Form	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.
Gene Name	TGFBR1 ALK5 SKR4
Accession No.	P36897
Alternate Names	TGF-beta receptor type-1 (TGFR-1) (EC 2.7.11.30) (Activin A receptor type II-like protein kinase of 53kD) (Activin receptor-like kinase 5) (ALK-5) (ALK5) (Serine/threonine-protein kinase receptor R4) (SKR4) (TGF-beta type I receptor) (Transforming growth factor-beta receptor type I) (TGF-beta receptor type I) (TbetaR-I)

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Description	transforming growth factor beta receptor 1(TGFBR1) Homo sapiens The protein encoded by this gene forms a heteromeric complex with type II TGF-beta receptors when bound to TGF-beta, transducing the TGF-beta signal from the cell surface to the cytoplasm. The encoded protein is a serine/threonine protein kinase. Mutations in this gene have been associated with Loeys-Dietz aortic aneurysm syndrome (LDAS). Multiple transcript variants encoding different isoforms have been found for this gene. [provided by RefSeq, Aug 2008],
Cell Pathway/ Category	MAPK_ERK_Growth,MAPK_G_Protein,Cytokine-cytokine receptor interaction,Endocytosis,TGF-beta,Adherens_Junction,Pathways in cancer,Colorectal cancer,Pancreatic cancer,Chronic myeloid leukemia,
Protein Expression	Placenta,Prostate,
Subcellular Localization	Membranous
Protein Function	<p>catalytic activity:ATP + [receptor-protein] = ADP + [receptor-protein] phosphate.,cofactor:Magnesium or manganese.,disease:Defects in TGFBR1 are the cause of aortic aneurysm familial thoracic type 5 (AAT5) [MIM:608967]. Aneurysms and dissections of the aorta usually result from degenerative changes in the aortic wall. Thoracic aortic aneurysms and dissections are primarily associated with a characteristic histologic appearance known as 'medial necrosis' in which there is degeneration and fragmentation of elastic fibers, loss of smooth muscle cells, and an accumulation of basophilic ground substance.,disease:Defects in TGFBR1 are the cause of Loeys-Dietz syndrome type 1A (LDS1A) [MIM:609192]; also known as Furlong syndrome or Loeys-Dietz aortic aneurysm syndrome (LDAS). LDS1 is an aortic aneurysm syndrome with widespread systemic involvement. The disorder is characterized by arterial tortuosity and aneurysms, craniosynostosis, hypertelorism, and bifid uvula or cleft palate. Other findings include exotropia, micrognathia and retrognathia, structural brain abnormalities, intellectual deficit, congenital heart disease, translucent skin, joint hyperlaxity and aneurysm with dissection throughout the arterial tree.,disease:Defects in TGFBR1 are the cause of Loeys-Dietz syndrome type 2A (LDS2A) [MIM:608967]. LDS2 is an aortic aneurysm syndrome with widespread systemic involvement. Physical findings include prominent joint laxity, easy bruising, wide and atrophic scars, velvety and translucent skin with easily visible veins, spontaneous rupture of the spleen or bowel, diffuse arterial aneurysms and dissections, and catastrophic complications of pregnancy, including rupture of the gravid uterus and the arteries, either during pregnancy or in the immediate postpartum period. LDS2 is characterized by the absence of craniofacial abnormalities with the exception of bifid uvula that can be present in some patients.,function:On ligand binding, forms a receptor complex consisting of two type II and two type I transmembrane serine/threonine kinases. Type II receptors phosphorylate and activate type I receptors which autophosphorylate, then bind and activate SMAD transcriptional regulators. Receptor for TGF-beta.,PTM:Phosphorylated at basal levels in the absence of ligand binding. Activated by multiple phosphorylation, mainly in the GS region.,similarity:Belongs to the protein kinase superfamily.,similarity:Belongs to the protein kinase superfamily. TKL Ser/Thr protein kinase family. TGFB receptor subfamily.,similarity:Contains 1 GS domain.,similarity:Contains 1 protein kinase domain.,subunit:Interacts with CD109. The unphosphorylated protein interacts with FKBP1A and is stabilized the inactive conformation. Phosphorylation of the GS region abrogates FKBP1A binding. Interacts with SMAD2 when phosphorylated on several residues in the GS region.,tissue specificity:Found in all tissues examined, most abundant in placenta and least abundant in brain and heart.,</p>

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Usage	For Research Use Only! Not for diagnostic or therapeutic procedures.
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