G-Biosciences Image not found or type unknown

Immunotag™ PKR2 Polyclonal Antibody

Antibody Specification

Catalog No.	ITN2683
Product Description	Immunotag™ PKR2 Polyclonal Antibody
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	PKR2
Clonality	Polyclonal
Storage/Stability	-20°C/1 year
Application	WB,ELISA
Recommended Dilution	WB 1:500-2000 ELISA 1:5000-20000
Concentration	1 mg/ml
Reactive Species	Human,Rat,Mouse
Host Species	Rabbit
Immunogen	Synthesized peptide derived from human protein, at AA range: 20-100
Specificity	PKR2 Polyclonal Antibody detects endogenous levels of protein.
Purification	The antibody was affinity-purified from rabbit antiserum by affinity-chromatography using epitope-specific immunogen
Form	Liquid in PBS containing 50% glycerol, and 0.02% sodium azide.
Gene Name	PROKR2 GPR73L1 PKR2
Accession No.	Q8NFJ6 Q8K458 Q8R415
Description	prokineticin receptor 2(PROKR2) Homo sapiens Prokineticins are secreted proteins that can promote angiogenesis and induce strong gastrointestinal smooth muscle contraction. The protein encoded by this gene is an integral membrane protein and G protein-coupled receptor for prokineticins. The encoded protein is similar in sequence to GPR73, another G protein-coupled receptor for prokineticins. [provided by RefSeq, Jul 2008],

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Protein Expression	Brain,
Subcellular Localization	plasma membrane,integral component of plasma membrane,integral component of membrane,
Protein Function	disease:Defects in PROKR2 are the cause of Kallmann syndrome type 3 (KAL3) [MIM:244200]; also known as hypogonadotropic hypogonadism and anosmia. Anosmia or hyposmia is related to the absence or hypoplasia of the olfactory bulbs and tracts. Hypogonadism is due to deficiency in gonadotropin-releasing hormone and probably results from a failure of embryonic migration of gonadotropin-releasing hormone-synthesizing neurons. KAL3 patients have variable degrees of olfactory and reproductive dysfunction, but do not show any of the occasional clinical anomalies reported in Kallmann syndrome such as renal agenesis, cleft lip and/or palate, selective tooth agenesis, and bimanual synkinesis.,function:Receptor for prokineticin 2. Exclusively coupled to the G(q) subclass of heteromeric G proteins. Activation leads to mobilization of calcium, stimulation of phosphoinositide turnover and activation of p44/p42 mitogen-activated protein kinase.,similarity:Belongs to the G-protein coupled receptor 1 family.,tissue specificity:Expressed in the ileocecum, thyroid gland, pituitary gland, salivary gland, adrenal gland, testis, ovary and brain.,
Usage	For Research Use Only! Not for diagnostic or therapeutic procedures.