

KIR6.2 Polyclonal Antibody

Catalog No: YT2479

Reactivity: Human; Mouse; Rat

Applications: WB;IHC;IF;ELISA

Target: KIR6.2

Fields: >>Insulin secretion;>>GnRH secretion;>>Type II diabetes mellitus

Gene Name: KCNJ11

Protein Name: ATP-sensitive inward rectifier potassium channel 11

Q14654

Q61743

Human Gene Id: 3767

Human Swiss Prot

No:

Mouse Gene ld: 16514

Mouse Swiss Prot

No:

Rat Gene ld: 83535

Rat Swiss Prot No: P70673

Immunogen: The antiserum was produced against synthesized peptide derived from human

Kir6.2. AA range:190-239

Specificity: KIR6.2 Polyclonal Antibody detects endogenous levels of KIR6.2 protein.

Formulation : Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.

Source: Polyclonal, Rabbit, IgG

Dilution: WB 1:500 - 1:2000. IHC 1:100 - 1:300. IF 1:200 - 1:1000. ELISA: 1:10000. Not

yet tested in other applications.



Purification: The antibody was affinity-purified from rabbit antiserum by affinity-

chromatography using epitope-specific immunogen.

Concentration: 1 mg/ml

Storage Stability: -15°C to -25°C/1 year(Do not lower than -25°C)

Observed Band: 40kD

Cell Pathway : Type II diabetes mellitus;

Background: Potassium channels are present in most mammalian cells, where they

participate in a wide range of physiologic responses. The protein encoded by this gene is an integral membrane protein and inward-rectifier type potassium channel. The encoded protein, which has a greater tendency to allow potassium to flow into a cell rather than out of a cell, is controlled by G-proteins and is found associated with the sulfonylurea receptor SUR. Mutations in this gene are a cause

of familial persistent hyperinsulinemic hypoglycemia of infancy (PHHI), an autosomal recessive disorder characterized by unregulated insulin secretion. Defects in this gene may also contribute to autosomal dominant non-insulindependent diabetes mellitus type II (NIDDM), transient neonatal diabetes mellitus

type 3 (TNDM3), and permanent neonatal diabetes mellitus (PNDM). Multiple

alternatively spliced trans

Function: disease:Defects in KCNJ11 are a cause of permanent neonatal diabetes mellitus

(PNDM) [MIM:606176]. PNDM is a rare form of diabetes characterized by insulin-

requiring hyperglycemia that is diagnosed within the first months of

life.,disease:Defects in KCNJ11 are the cause of familial hyperinsulinemic hypoglycemia type 2 (HHF2) [MIM:601820]; also known as persistent

hyperinsulinemic hypoglycemia of infancy (PPHI) or hyperinsulinism. HHF2 is the most common cause of persistent hypoglycemia in infancy and is due to defective negative feedback regulation of insulin secretion by low glucose levels. It causes nesidioblastosis, a diffuse abnormality of the pancreas in which there is extensive,

often disorganized formation of new islets. Unless early and aggressive intervention is undertaken, brain damage from recurrent episodes of hypoglycemia may occur., disease: Defects in KCNJ11 are the cause of

Subcellular Location:

Membrane; Multi-pass membrane protein.

Expression : Brain, Breast, Ovary, Placenta, Spleen,

Sort : 8933

No4:

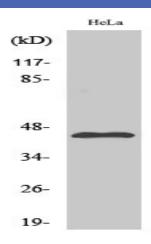
Host: Rabbit

2/4

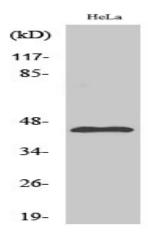
Modifications:

Unmodified

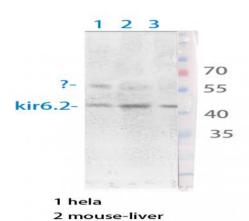
Products Images



Western Blot analysis of various cells using KIR6.2 Polyclonal Antibody diluted at 1:500

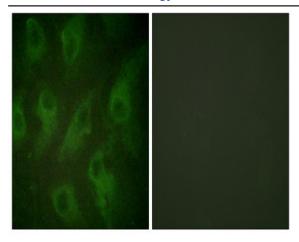


Western Blot analysis of NIH-3T3 cells using KIR6.2 Polyclonal Antibody diluted at 1:500

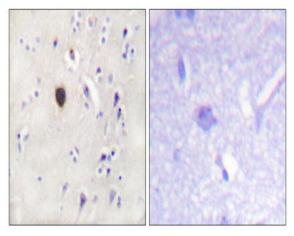


3 mouse-brain

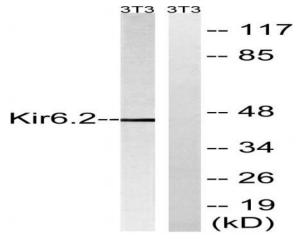
Western Blot analysis of various cells using Antibody diluted at 1:1000. Secondary antibody(catalog#:RS0002) was diluted at 1:20000



Immunofluorescence analysis of HeLa cells, using Kir6.2 Antibody. The picture on the right is blocked with the synthesized peptide.



Immunohistochemistry analysis of paraffin-embedded human brain tissue, using Kir6.2 Antibody. The picture on the right is blocked with the synthesized peptide.



Western blot analysis of lysates from 3T3 cells, using Kir6.2 Antibody. The lane on the right is blocked with the synthesized peptide.