Best Tools for immunology Research

KIR2.1 Polyclonal Antibody

Catalog No :	YT2473
Reactivity :	Human;Rat
Applications :	WB;IHC;IF;ELISA
Target :	KIR2.1
Fields :	>>Cholinergic synapse;>>Oxytocin signaling pathway;>>Renin secretion;>>Gastric acid secretion
Gene Name :	KCNJ2
Protein Name :	Inward rectifier potassium channel 2
Human Gene Id :	3759
Human Swiss Prot No :	P63252
Mouse Swiss Prot No :	P35561
Rat Gene Id :	29712
Rat Swiss Prot No :	Q64273
Immunogen :	The antiserum was produced against synthesized peptide derived from human KCNJ2. AA range:81-130
Specificity :	KIR2.1 Polyclonal Antibody detects endogenous levels of KIR2.1 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. ELISA: 1:10000.. IF 1:50-200
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 : 48kD

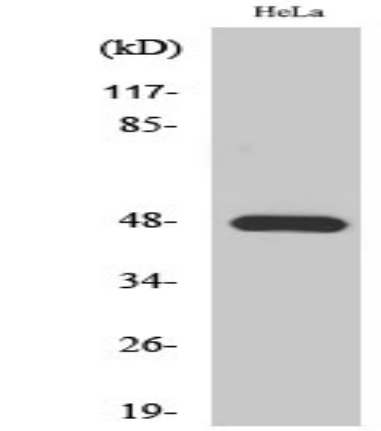
Background : Potassium channels are present in most mammalian cells, where they participate in a wide range of physiologic responses. The protein encoded by this gene is an integral membrane protein and inward-rectifier type potassium channel. The encoded protein, which has a greater tendency to allow potassium to flow into a cell rather than out of a cell, probably participates in establishing action potential waveform and excitability of neuronal and muscle tissues. Mutations in this gene have been associated with Andersen syndrome, which is characterized by periodic paralysis, cardiac arrhythmias, and dysmorphic features. [provided by RefSeq, Jul 2008],

Function : disease:Defects in KCNJ2 are the cause of long QT syndrome type 7 (LQT7) [MIM:170390]; also called Andersen syndrome or Andersen cardiodysrhythmic periodic paralysis. Long QT syndromes are heart disorders characterized by a prolonged QT interval on the ECG and polymorphic ventricular arrhythmias. They cause syncope and sudden death in response to excercise or emotional stress. LQT7 manifests itself as a clinical triad consisting of potassium-sensitive periodic paralysis, ventricular ectopy and dysmorphic features.,disease:Defects in KCNJ2 are the cause of short QT syndrome type 3 (SQT3) [MIM:609622]. Short QT syndromes are heart disorders characterized by idiopathic persistently and uniformly short QT interval on ECG in the absence of structural heart disease in affected individuals. They cause syncope and sudden death. SQT3 has a unique ECG phenotype characterized by asymmetrical T wave

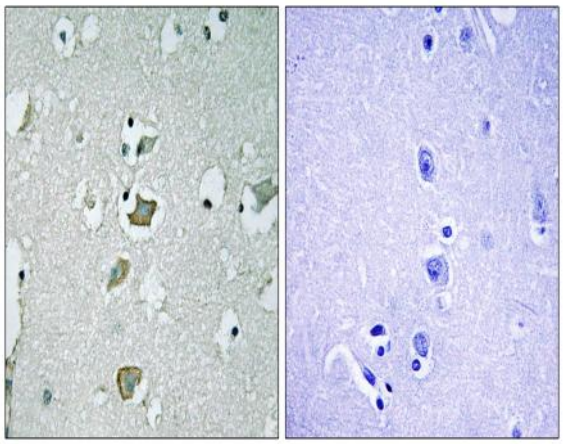
Subcellular Location : Membrane; Multi-pass membrane protein. Membrane; Lipid-anchor .

Expression : Heart, brain, placenta, lung, skeletal muscle, and kidney. Diffusely distributed throughout the brain.

Products Images



Western Blot analysis of various cells using KIR2.1 Polyclonal Antibody diluted at 1:500



Immunohistochemistry analysis of paraffin-embedded human brain tissue, using KCNJ2 Antibody. The picture on the right is blocked with the synthesized peptide.