Best Tools for immunology Research

KIR6.2 (phospho Thr224) Polyclonal Antibody

Catalog No :	YP0562
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
Human Gene Id :	3767
Human Swiss Prot No :	Q14654
Mouse Gene Id :	16514
Mouse Swiss Prot No :	Q61743
Rat Gene Id :	83535
Rat Swiss Prot No :	P70673
Immunogen :	The antiserum was produced against synthesized peptide derived from human Kir6.2 around the phosphorylation site of Thr224. AA range:190-239
Specificity :	Phospho-KIR6.2 (T224) Polyclonal Antibody detects endogenous levels of KIR6.2 protein only when phosphorylated at T224.
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: 1:5000. 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;

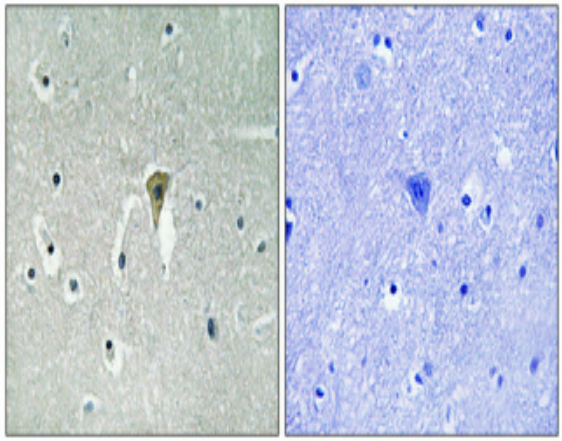
Background : Potassium channels are present in most mammalian cells, where they participate in a wide range of physiologic responses. The protein encoded by this gene is an integral membrane protein and inward-rectifier type potassium channel. The encoded protein, which has a greater tendency to allow 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-insulin-dependent 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

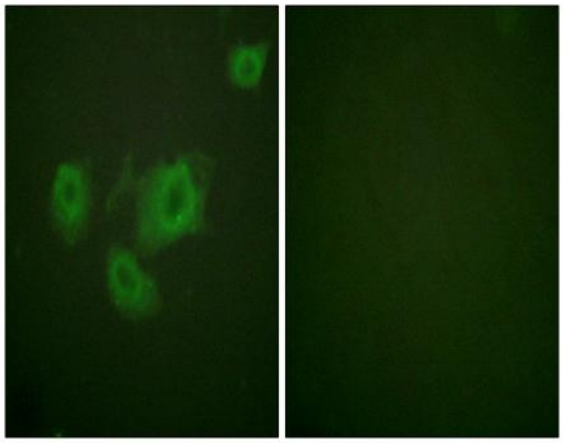
Subcellular Location : Membrane; Multi-pass membrane protein.

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

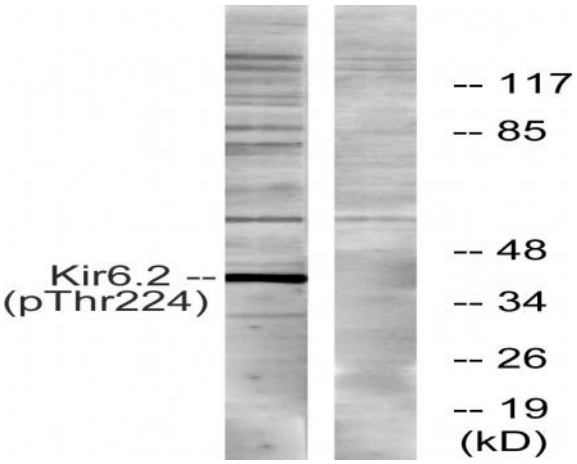
Products Images



Immunohistochemical analysis of paraffin-embedded Human brain. Antibody was diluted at 1:100(4° overnight). High-pressure and temperature Tris-EDTA,pH8.0 was used for antigen retrieval. Negetive contrl (right) obtaned from antibody was pre-absorbed by immunogen peptide.



Immunofluorescence analysis of HUVEC cells, using Kir6.2 (Phospho-Thr224) Antibody. The picture on the right is blocked with the phospho peptide.



Western blot analysis of lysates from HeLa cells, using Kir6.2 (Phospho-Thr224) Antibody. The lane on the right is blocked with the phospho peptide.