

NR3C2 Polyclonal Antibody

catalog number: **E-AB-93380**

Note: Centrifuge before opening to ensure complete recovery of vial contents.

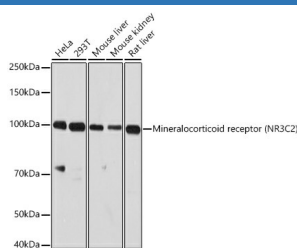
Description

Reactivity	Human;Mouse;Rat
Immunogen	Recombinant fusion protein of human Mineralocorticoid receptor
Host	Rabbit
Isotype	IgG
Purification	Affinity purification
Buffer	Phosphate buffered solution, pH 7.4, containing 0.05% stabilizer and 50% glycerol.

Applications

Applications	Recommended Dilution
WB	1:500-1:2000
IHC	1:50-1:200
IF	1:50-1:200

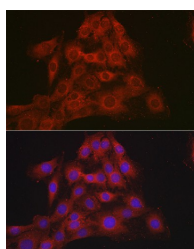
Data



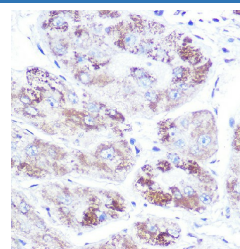
Western blot analysis of extracts of various cell lines using Mineralocorticoid receptor Polyclonal Antibody at 1:1000 dilution.

Observed-MW: 100 kDa

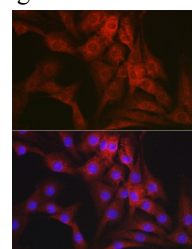
Calculated-MW: 75 kDa/94 kDa/107 kDa



Immunofluorescence analysis of C6 cells using Mineralocorticoid receptor Polyclonal Antibody at dilution of 1:100 (40x lens). Blue: DAPI for nuclear staining.



Immunohistochemistry of paraffin-embedded human liver cancer using Mineralocorticoid receptor Polyclonal Antibody at dilution of 1:100 (40x lens). Perform high pressure antigen retrieval with 10 mM citrate buffer pH 6.0 before commencing with IHC staining protocol.



Immunofluorescence analysis of NIH-3T3 cells using Mineralocorticoid receptor Polyclonal Antibody at dilution of 1:100 (40x lens). Blue: DAPI for nuclear staining.

Preparation & Storage

Storage	Store at -20°C Valid for 12 months. Avoid freeze / thaw cycles.
Shipping	The product is shipped with ice pack, upon receipt, store it immediately at the temperature recommended.

Background

For Research Use Only

This gene encodes the mineralocorticoid receptor, which mediates aldosterone actions on salt and water balance within restricted target cells. The protein functions as a ligand-dependent transcription factor that binds to mineralocorticoid response elements in order to transactivate target genes. Mutations in this gene cause autosomal dominant pseudohypoaldosteronism type I, a disorder characterized by urinary salt wasting. Defects in this gene are also associated with early onset hypertension with severe exacerbation in pregnancy. Alternative splicing results in multiple transcript variants.

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