

AVPR2 Polyclonal Antibody

catalog number: E-AB-62638

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

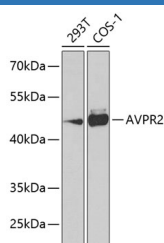
Description

Reactivity	Human
Immunogen	Recombinant fusion protein of human AVPR2 (NP_000045.1).
Host	Rabbit
Isotype	IgG
Purification	Affinity purification
Buffer	Phosphate buffered solution, pH 7.4, containing 0.05% stabilizer and 50% glycerol.

Applications

WB	1:500-1:2000
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Data



Western blot analysis of extracts of various cell lines using AVPR2 Polyclonal Antibody at dilution of 1:1000.

Observed-MW:46 kDa

Calculated-MW:33 kDa/40 kDa

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

This gene encodes the vasopressin receptor, type 2, also known as the V2 receptor, which belongs to the seven-transmembrane-domain Gprotein-coupled receptor (GPCR) superfamily, and couples to Gs thus stimulating adenylate cyclase. The subfamily that includes the V2 receptor, the V1a and V1b vasopressin receptors, the oxytocin receptor, and isotocin and mesotocin receptors in non-mammals, is well conserved, though several members signal via other G proteins. All bind similar cyclic nonapeptide hormones. The V2 receptor is expressed in the kidney tubule, predominantly in the distal convoluted tubule and collecting ducts, where its primary property is to respond to the pituitary hormone arginine vasopressin (AVP) by stimulating mechanisms that concentrate the urine and maintain water homeostasis in the organism. When the function of this gene is lost, the disease Nephrogenic Diabetes Insipidus (NDI) results. The V2 receptor is also expressed outside the kidney although its tissue localization is uncertain. When these 'extrarenal receptors' are stimulated by infusion of a V2 selective agonist (dDAVP), a variety of clotting factors are released into the bloodstream. The physiologic importance of this property is not known - its absence does not appear to be detrimental in NDI patients. The gene expression has also been described in fetal lung tissue and lung cancer associated with alternative splicing.

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