

(KO Validated) POR Polyclonal Antibody

catalog number: E-AB-62876

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

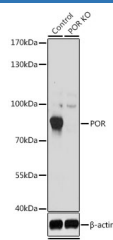
Description

Reactivity	Human;Mouse;Rat
Immunogen	Recombinant fusion protein of human POR (NP_000932.3).
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	1:50-1:100
IF	1:50-1:200

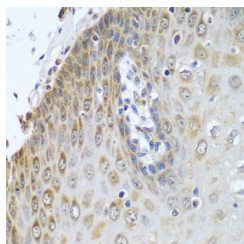
Data



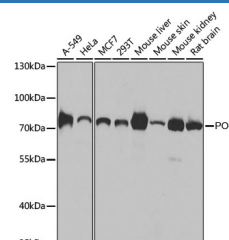
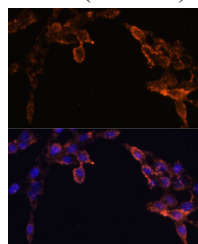
Western blot analysis of extracts from normal (control) and POR knockout (KO) HeLa cells using POR Polyclonal Antibody at dilution of 1:1000.

Observed-MV:77 kDa

Calculated-MV:76 kDa



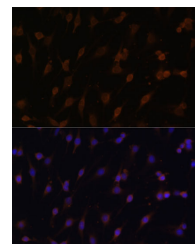
Immunohistochemistry of paraffin-embedded Human esophagus using POR Polyclonal Antibody at dilution of 1:100 (40x lens).



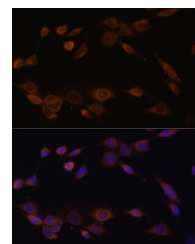
Western blot analysis of extracts of various cell lines using POR Polyclonal Antibody at dilution of 1:1000.

Observed-MV:77 kDa

Calculated-MV:76 kDa



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



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Rev. V1.6

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

Immunofluorescence analysis of NIH-3T3 cells using POR 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

This gene encodes an endoplasmic reticulum membrane oxidoreductase with an FAD-binding domain and a flavodoxin-like domain. The protein binds two cofactors, FAD and FMN, which allow it to donate electrons directly from NADPH to all microsomal P450 enzymes. Mutations in this gene have been associated with various diseases, including apparent combined P450C17 and P450C21 deficiency, amenorrhea and disordered steroidogenesis, congenital adrenal hyperplasia and Antley-Bixler syndrome.

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