BMPR1B Polyclonal Antibody

catalog number: **E-AB-60551**

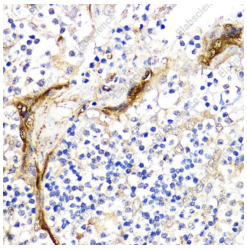
Note: *Centrifuge before opening to ensure complete recovery of vial contents.*

Description

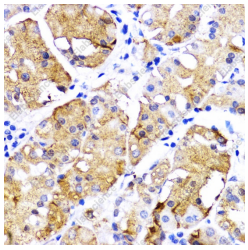
Reactivity	Human;Mouse;Rat
Immunogen	Recombinant fusion protein of human BMPR1B (NP_001194.1).
Host	Rabbit
Isotype	Rabbit IgG
Purification	Affinity purification
Buffer	Phosphate buffered solution, pH 7.4, containing 0.05% stabilizer and 50% glycerol.

Applications	Recommended Dilution
IHC	1:50-1:200
IF	1:50-1:200

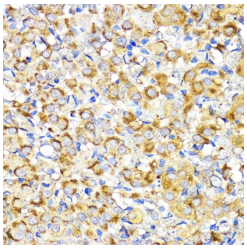
Data



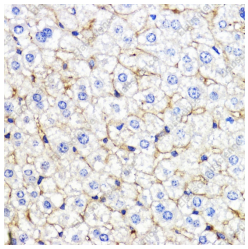
Immunohistochemistry of paraffin-embedded Human tonsil using BMPR1B Polyclonal Antibody at dilution of 1:200 (40x lens).



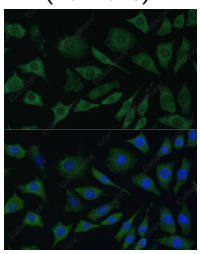
Immunohistochemistry of paraffin-embedded Human gastric cancer using BMPR1B Polyclonal Antibody at dilution of 1:200 (40x lens).



Immunohistochemistry of paraffin-embedded Rat ovary using BMPR1B Polyclonal Antibody at dilution of 1:200 (40x lens).



Immunohistochemistry of paraffin-embedded Mouse liver using BMPR1B Polyclonal Antibody at dilution of 1:200 (40x lens).



Immunofluorescence analysis of L929 cells using BMPR1B Polyclonal Antibody at dilution of 1:100. 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 a member of the bone morphogenetic protein (BMP) receptor family of transmembrane serine/ threonine kinases. The ligands of this receptor are BMPs, which are members of the TGF-beta superfamily. BMPs are involved in endochondral bone formation and embryogenesis. These proteins transduce their signals through the formation of heteromeric complexes of 2 different types of serine (threonine) kinase receptors: type I receptors of about 50-55 kD and type II receptors of about 70-80 kD. Type II receptors bind ligands in the absence of type I receptors, but they require their respective type I receptors for signaling, whereas type I receptors require their respective type II receptors for ligand binding. Mutations in this gene have been associated with primary pulmonary hypertension. Several transcript variants encoding two different isoforms have been found for this gene.

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