Human BMPR2 Antibody Pair Set

Catalog No. E-KAB-0197 **Applications** ELISA
Synonyms BMPR-II, BMPR3, BMR2, BRK-3, PPH1, T-ALK

Kit components & Storage

Title	Specifications	Storage
Human BMPR2 Capture Antibody	1 vial, 100 μg	Store at -20℃ for one year. Avoid freeze / thaw cycles.
Human BMPR2 Detection Antibody (Biotin)	1 vial, 50 μL	Store at -20℃ for one year. Avoid freeze / thaw cycles.

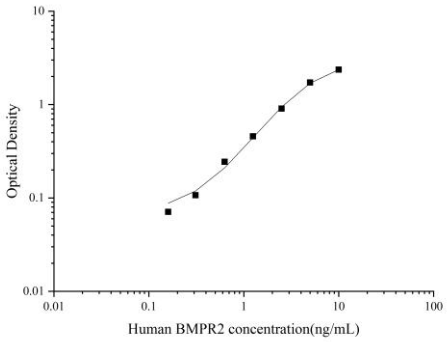
Note: Centrifuge before opening to ensure complete recovery of vial contents.

Product Information

Items		Characteristic (E-KAB-0197)	
		Human BMPR2 Capture Antibody	Human BMPR2 Detection Antibody (Biotin)
Immunogen Information	Immunogen	Recombinant Human BMPR2 protein	Recombinant Human BMPR2 protein
	Swissprot	Q13873	
Product details	Reactivity	Human	Human
	Host	Mouse	Rabbit
	Conjugation	Unconjugated	Biotin
	Concentration	0.5mg/mL	/
	Buffer	PBS with 0.04% Proclin 300, 50% glycerol, pH 7.4	PBS with 0.04% Proclin 300, 1% protective protein, 50% glycerol, pH 7.4
	Purify	Protein A or G	Protein A & Antigen Affinity
	Specificity	Detects Human BMPR2 in ELISAs.	

Applications

Human BMPR2 Sandwich ELISA Assay:

	Recommended Concentration/Dilution	Reagent	Images
ELISA Capture	0.5-4μg/mL	Human BMPR2 Capture Antibody	
ELISA Detection	1:1000-1:10000	Human BMPR2 Detection Antibody (Biotin)	

Note: This standard curve is only for demonstration purposes. A standard curve should be generated for each assay!

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 two 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, both familial and fenfluramine-associated, and with pulmonary venoocclusive disease.