abcam

Product datasheet

Anti-FGFR2 antibody ab77406

1 图像

概述

产品名称	Anti-FGFR2抗体
描述	**山羊多克隆抗体**to FGFR2
宿主	Goat
特异性	ab77406 is expected to recognise both reported isoforms (NP_000132.1; NP_075259.2).
经测试应用	**适用于:** WB
种属反应性	**与反应:** Human **预测可用于:** Mouse, Rat, Chimpanzee
免疫原	Synthetic peptide: C-GREKEITASPDY from the internal region of Human FGFR2 (NP_000132.1; NP_075259.2). Run BLAST with Run BLAST with
阳性对照	A549 cell lysate.
常规说明	The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing. If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As

性能

形式	Liquid
存放说明	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
存储溶液	pH: 7.30 Preservative: 0.02% Sodium azide Constituents: 0.5% BSA, 0.5% Tris buffered saline
纯度	Immunogen affinity purified
纯化说明	ab77406 is purified from goat serum by ammonium sulphate precipitation followed by antigen affinity chromatography using the immunising peptide.

克隆	**多克隆**
同种型	IgG

应用

The Abpromise guarantee **Abpromise™承诺保证使用ab77406于以下的经测试应用**

"应用说明"部分 下显示的仅为推荐的起始稀释度;实际最佳的稀释度/浓度应由使用者检定。

应用	Ab评论	说明
WB		

应用说明

Peptide ELISA: Antibody detection limit dilution 1/64000.
WB: Use at a concentration of 0.3 - 1 µg/ml. Detects a band of approximately 100 kDa (predicted molecular weight: 92 kDa).

Not yet tested in other applications.
Optimal dilutions/concentrations should be determined by the end user.

靶标

功能

Receptor for acidic and basic fibroblast growth factors.

疾病相关

Defects in FGFR2 are the cause of Crouzon syndrome (CS) [MIM:123500]; also called craniofacial dysostosis type I (CFD1). CS is an autosomal dominant syndrome characterized by craniosynostosis (premature fusion of the skull sutures), hypertelorism, exophthalmos and external strabismus, parrot-beaked nose, short upper lip, hypoplastic maxilla, and a relative mandibular prognathism.
Defects in FGFR2 are a cause of Jackson-Weiss syndrome (JWS) [MIM:123150]. JWS is an autosomal dominant craniosynostosis syndrome characterized by craniofacial abnormalities and abnormality of the feet: broad great toes with medial deviation and tarsal-metatarsal coalescence.
Defects in FGFR2 are a cause of Apert syndrome (APRS) [MIM:101200]; also known as acrocephalosyndactyly type 1 (ACS1). APRS is a syndrome characterized by facio-cranio-synostosis, osseous and membranous syndactyly of the four extremities, and midface hypoplasia. The craniosynostosis is bicoronal and results in acrocephaly of brachysphenocephalic type. Syndactyly of the fingers and toes may be total (mitten hands and sock feet) or partial affecting the second, third, and fourth digits. Intellectual deficit is frequent and often severe, usually being associated with cerebral malformations.
Defects in FGFR2 are a cause of Pfeiffer syndrome (PS) [MIM:101600]; also known as acrocephalosyndactyly type V (ACS5). PS is characterized by craniosynostosis (premature fusion of the skull sutures) with deviation and enlargement of the thumbs and great toes, brachymesophalangy, with phalangeal ankylosis and a varying degree of soft tissue syndactyly. Three subtypes of Pfeiffer syndrome have been described: mild autosomal dominant form (type 1); cloverleaf skull, elbow ankylosis, early death, sporadic (type 2); craniosynostosis, early demise, sporadic (type 3).
Defects in FGFR2 are the cause of Beare-Stevenson cutis gyrata syndrome (BSCGS) [MIM:123790]. BSCGS is an autosomal dominant condition is characterized by the furrowed skin disorder of cutis gyrata, acanthosis nigricans, craniosynostosis, craniofacial dysmorphism, digital anomalies, umbilical and anogenital abnormalities and early death.

Defects in FGFR2 are the cause of familial scaphocephaly syndrome (FSPC) [MIM:609579]; also known as scaphocephaly with maxillary retrusion and mental retardation. FSPC is an autosomal dominant craniosynostosis syndrome characterized by scaphocephaly, macrocephaly, hypertelorism, maxillary retrusion, and mild intellectual disability. Scaphocephaly is the most common of the craniosynostosis conditions and is characterized by a long, narrow head. It is due to premature fusion of the sagittal suture or from external deformation.
Defects in FGFR2 are a cause of lacrimo-auriculo-dento-digital syndrome (LADDS) [MIM:149730]; also known as Levy-Hollister syndrome. LADDS is a form of ectodermal dysplasia, a heterogeneous group of disorders due to abnormal development of two or more ectodermal structures. LADDS is an autosomal dominant syndrome characterized by aplastic/hypoplastic lacrimal and salivary glands and ducts, cup-shaped ears, hearing loss, hypodontia and enamel hypoplasia, and distal limb segments anomalies. In addition to these cardinal features, facial dysmorphism, malformations of the kidney and respiratory system and abnormal genitalia have been reported. Craniosynostosis and severe syndactyly are not observed.
Defects in FGFR2 are the cause of Antley-Bixler syndrome (ABS) [MIM:207410]. ABS is a multiple congenital anomaly syndrome characterized by craniosynostosis, radiohumeral synostosis, midface hypoplasia, malformed ears, arachnodactyly and multiple joint contractures. ABS is a heterogeneous disorder and occurs with and without abnormal genitalia in both sexes.

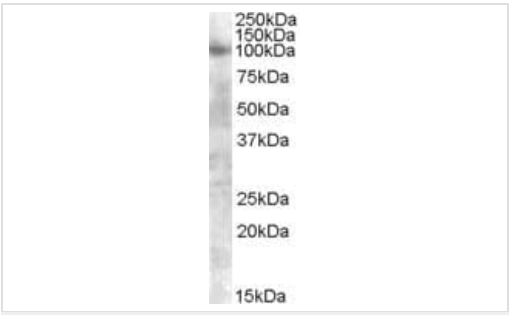
序列相似性

Belongs to the protein kinase superfamily. Tyr protein kinase family. Fibroblast growth factor receptor subfamily.
Contains 3 Ig-like C2-type (immunoglobulin-like) domains.
Contains 1 protein kinase domain.

细胞定位

Secreted and Cell membrane.

图片



Western blot - Anti-FGFR2 antibody (ab77406)

Anti-FGFR2 antibody (ab77406) at 0.3 µg/ml + A549 lysate in RIPA buffer at 35 µg

Predicted band size: 92 kDa
Observed band size: 100 kDa

Primary incubation was 1 hour. Detected by chemiluminescence.

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