


Anti-FGFR2 antibody [SP273] - N-terminal ab227683

重组 RabMAb

1 References [9 图像](#)

概述

产品名称	Anti-FGFR2抗体[SP273] - N-terminal
描述	兔单克隆抗体[SP273] to FGFR2 - N-terminal
宿主	Rabbit
经测试应用	适用于: Indirect ELISA, Flow Cyt, IHC-P 不适用于: ICC/IF or WB
种属反应性	与反应: Human 预测可用于: Mouse 
免疫原	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
阳性对照	Flow Cytometry: Kato III cells. IHC-P: Human stomach adenocarcinoma, colon adenocarcinoma tissue, cervical squamous cell carcinoma, hepatocellular carcinoma, breast ductal carcinoma and bladder transitional cell carcinoma tissues.
常规说明	<p>This product has switched from a hybridoma to recombinant production method on 23rd May 2023.</p> <p>This product is a recombinant monoclonal antibody, which offers several advantages including:</p> <ul style="list-style-type: none">- High batch-to-batch consistency and reproducibility- Improved sensitivity and specificity- Long-term security of supply- Animal-free production <p>For more information see here.</p> <p>Our RabMAb[®] technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to RabMAb[®] patents.</p>

性能

形式	Liquid
存放说明	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C long term. Avoid freeze / thaw cycle.
存储溶液	pH: 7.60 Preservative: 0.1% Sodium azide Constituents: PBS, 1% BSA

纯度	Protein A/G purified
纯化说明	Purified from TCS by protein A/G.
克隆	单克隆
克隆编号	SP273
同种型	IgG

应用

The Abpromise guarantee **Abpromise™** 承诺保证使用ab227683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
Indirect ELISA		Use a concentration of 1 µg/ml.
Flow Cyt		1/400.
IHC-P		1/100. Boil tissue section in citrate buffer pH 6.0 for 10 minutes followed by cooling at room temperature for 20 minutes. Incubate with primary antibody for 10 minutes at room temperature.

应用说明 Is unsuitable for ICC/IF or WB.

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.

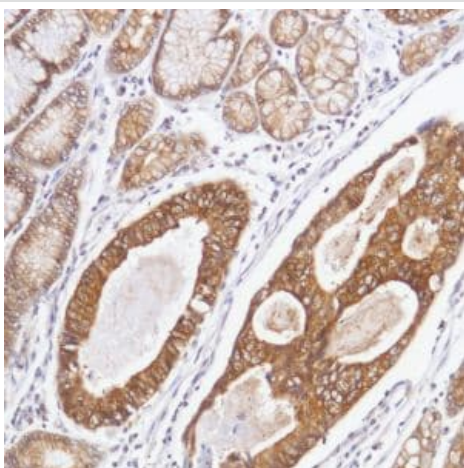
Contains 3 Ig-like C2-type (immunoglobulin-like) domains.

Contains 1 protein kinase domain.

细胞定位

Secreted and Cell membrane.

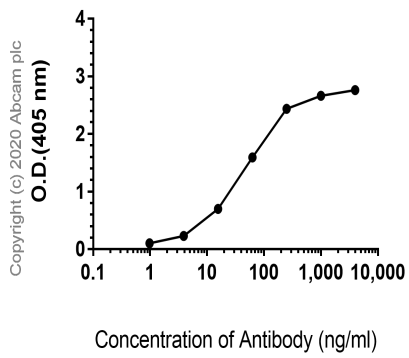
图片



Formalin-fixed, paraffin-embedded human stomach adenocarcinoma tissue stained for FGFR2 using ab227683 at 1/100 dilution in immunohistochemical analysis.

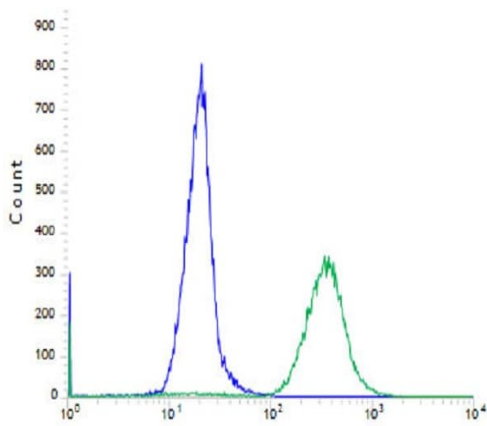
Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FGFR2 antibody [SP273]
- N-terminal (ab227683)

Indirect ELISA antibody dose-response curve antigen at 1000 ng/ml



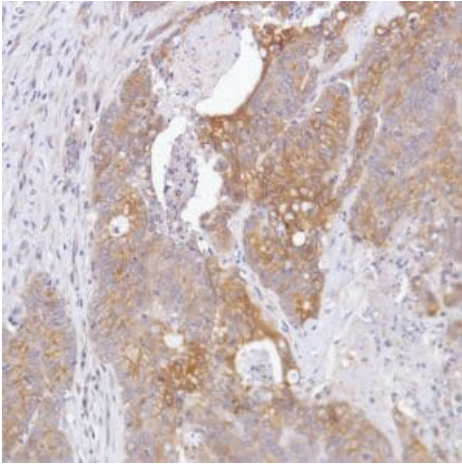
Indirect ELISA - Anti-FGFR2 antibody [SP273] - N-terminal (ab227683)

Indirect ELISA using ab227683 at varying antibody concentrations (4000~0 ng/ml) and FGFR2 antigen at 1000 ng/ml. Alkaline Phosphatase-conjugated AffiniPure Goat Anti-Rabbit IgG (H+L) at 1/2500 dilution was used as a secondary antibody.



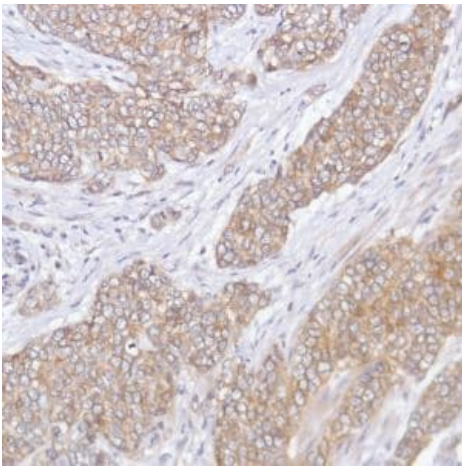
Flow Cytometry - Anti-FGFR2 antibody [SP273] - N-terminal (ab227683)

Flow Cytometry analysis of Kato III (human gastric carcinoma cell line) cells labeling FGFR2 with ab227683 at 1/400 dilution (green) compared to a Rabbit IgG negative control (blue).



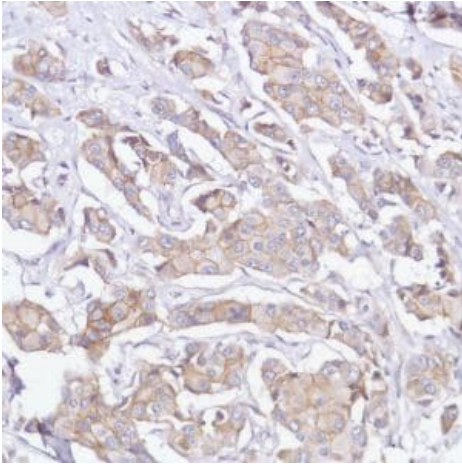
Formalin-fixed, paraffin-embedded human colon adenocarcinoma tissue stained for FGFR2 using ab227683 at 1/100 dilution in immunohistochemical analysis.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FGFR2 antibody [SP273]
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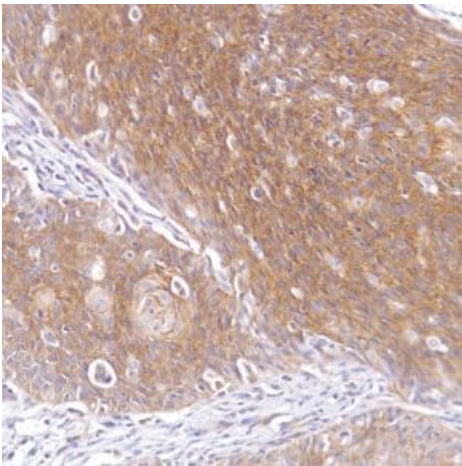
Formalin-fixed, paraffin-embedded human bladder transitional cell carcinoma tissue stained for FGFR2 using ab227683 at 1/100 dilution in immunohistochemical analysis.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FGFR2 antibody [SP273]
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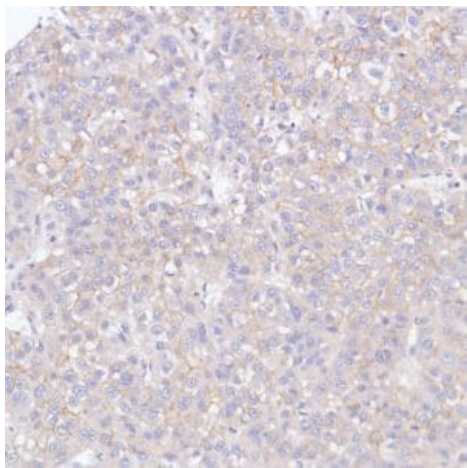
Formalin-fixed, paraffin-embedded human breast ductal carcinoma tissue stained for FGFR2 using ab227683 at 1/100 dilution in immunohistochemical analysis.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FGFR2 antibody [SP273]
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Formalin-fixed, paraffin-embedded human cervical squamous cell carcinoma tissue stained for FGFR2 using ab227683 at 1/100 dilution in immunohistochemical analysis.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FGFR2 antibody [SP273]
- N-terminal (ab227683)



Formalin-fixed, paraffin-embedded human hepatocellular carcinoma tissue stained for FGFR2 using ab227683 at 1/100 dilution in immunohistochemical analysis.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-FGFR2 antibody [SP273]
- N-terminal (ab227683)

Why choose a recombinant antibody?



Research with confidence
Consistent and reproducible results



Long-term and scalable supply
Recombinant technology



Success from the first experiment
Confirmed specificity



Ethical standards compliant
Animal-free production

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(ab227683)

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