

FGFR1 Antibody

FGFR1, H2, H3, H4, H5, CEK, FLG, FLT2, KAL2, BFGFR, C-FGR, N-SAM, fibroblast growth factor receptor 1 (fms-related tyrosine kinase 2, Pfeiffer syndrome), FLG protein, N-sam tyrosine kinase, tyrosylprotein kinase, protein-tyrosine kinase, FMS-like tyrosine kinase 2, hydroxyaryl-protein kinase, fms-related tyrosine kinase-2, heparin-binding growth factor receptor, basic fibroblast growth factor receptor 1

CATALOG NO.: 45-589

HOST:

Goat

CLONALITY:

Polyclonal

INFORMATION:

FGFR1 Antibody. This antibody is expected to recognise 5 (out of nine reported) isoforms (as represented by NP_000595; NP_056934; NP_075593; NP_075594; NP_075599).

SOURCE:

FGFR1 antibody was raised against a synthetic peptide of FGFR1.

PROTEIN ACCESSION NUMBER(S) :

NP_000595, NP_056934, NP_075593, NP_075594, NP_075599

SPECIES REACTIVITY:

Human

TESTED APPLICATION:

ELISA, Western Blot, Immunohistochemistry

APPLICATION:

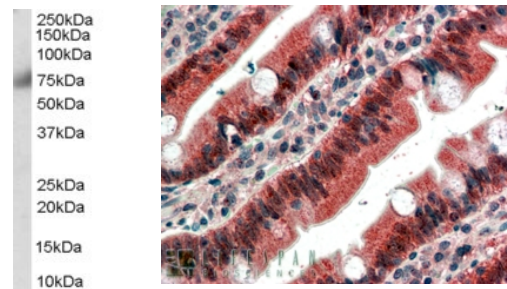
Peptide ELISA: antibody detection limit dilution 1:32000.
Western Blot: Approx 75kDa band observed in human breast lysates (calculated MW of 82.2kDa according to NP_075593, 81.9kDa according to NP_075594). Recommended concentration: 0.3-1µg/ml. Immunohistochemistry: In paraffin embedded Human Small Intestine shows staining of the enterocytic cytoplasm. Recommended concentration, 4-6µg/ml.

PURIFICATION:

Purified from goat serum by ammonium sulphate precipitation followed by antigen affinity chromatography using the immunizing peptide.

BUFFER:

0.1mg of purified antibody in 0.5 mg/ml in Tris saline, 0.02% sodium azide, pH7.3 with 0.5% bovine serum albumin.



Left: Western blot analysis of FGFR1 in human breast lysate (35µg protein in RIPA buffer) using FGFR1 antibody (0.3µg/ml). Right: Immunocytochemistry of FGFR1 in paraffin embedded human small intestine using FGFR1 antibody (4µg/mL).

STORAGE:

Aliquot and store at -20°C. Minimize freezing and thawing.

REFERENCE:

Torry DS, Mukherjea D, Arroyo J, Torry RJ. Expression and function of placenta growth factor: implications for abnormal placentation. J Soc Gynecol Investig. 2003 May;10(4):178-88. Review.

USER NOTES:

When working with antibodies optimal dilutions/concentrations should be determined by the end user for each application. The information provided is a guideline for antibody use. As with all ProSci antibodies, this antibody is for research use only.