

PRODUCT INFORMATION



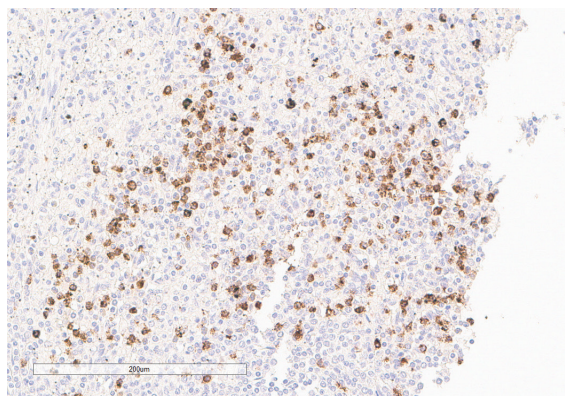
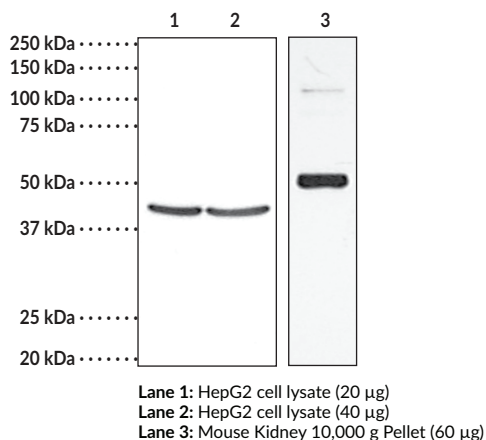
TP Receptor (human) Polyclonal Antibody

Item No. 10004452

Overview and Properties

Contents:	This vial contains peptide affinity-purified IgG.
Synonyms:	Thromboxane A ₂ Receptor, TXA ₂ Receptor
Immunogen:	Synthetic peptide from the C-terminal region of human TP receptor
Species Reactivity:	(+) Human, COS-7 (African green monkey), mouse, and rat; other species not tested
Uniprot No.:	P21731
Form:	Liquid
Storage:	-20°C (as supplied)
Stability:	≥1 year
Storage Buffer:	PBS, pH 7.2, containing 50% glycerol and 0.02% sodium azide
Host:	Rabbit
Applications:	Immunocytochemistry (ICC), Immunohistochemistry (IHC), and Western blot (WB); the recommended starting dilution for ICC, IHC, and WB is 1:200. Other applications were not tested, therefore optimal working concentration/dilution should be determined empirically.

Images



Immunohistochemistry analysis of formalin-fixed, paraffin-embedded (FFPE) human liver tissue after heat induced antigen retrieval in pH 6.0 citrate buffer. After incubation with TP Receptor (human) Polyclonal Antibody (Item No. 10004452), at a 1:200 dilution, slides were incubated with biotinylated secondary antibody, followed by alkaline phosphatase-streptavidin and chromogen (DAB).

WARNING
THIS PRODUCT IS FOR RESEARCH ONLY - NOT FOR HUMAN OR VETERINARY DIAGNOSTIC OR THERAPEUTIC USE.

SAFETY DATA
This material should be considered hazardous until further information becomes available. Do not ingest, inhale, get in eyes, on skin, or on clothing. Wash thoroughly after handling. Before use, the user must review the complete Safety Data Sheet, which has been sent via email to your institution.

WARRANTY AND LIMITATION OF REMEDY
Buyer agrees to purchase the material subject to Cayman's Terms and Conditions. Complete Terms and Conditions including Warranty and Limitation of Liability information can be found on our website.

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Description

Thromboxane A₂ (TXA₂) is a potent vasoconstrictor and activator of platelet aggregation. The short half-life of TXA₂ ensures local action whether generated by vascular endothelial cells or by platelets and confers physiologically beneficial or deleterious effects under inflammatory situations.^{1,2} TXA₂ elicits its effects via a 7-transmembrane domain G protein-coupled receptor, the TP receptor.³ This receptor can also bind prostaglandin H₂ and isoprostanes and was first cloned from human placenta and the platelet-like MEG-01 cell line.^{4,5} The TP receptor is highly expressed in platelets and is relatively less abundant in tissues such as lung, kidney, brain, spleen, thymus, monocytes, uterus, and placenta.^{3,6-9} The apparent molecular weight for TP receptors has been reported from 37 kDa to 70 kDa depending on different degrees of glycosylation.⁹⁻¹¹ However, Cayman's antibody detects the TP receptor at 44, 55, and 64 kDa in platelets, kidney, and COS-7 cell samples.

References

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