PRODUCT INFORMATION



IP Receptor (human) Polyclonal Antibody

Item No. 10005518

Overview and Properties

| Contents: | This vial contains 500 μ l of peptide affinity-purified polyclonal antibody. |
|----------------------------|--|
| Synonyms: | PGI ₂ Receptor; Prostacyclin Receptor; Prostaglandin I ₂ Receptor |
| Immunogen: | Synthetic peptide from the N-terminal region of human IP receptor |
| Cross Reactivity: | (+) IP Receptor |
| Species Reactivity: | (+) Human and mouse; other species not tested |
| Uniprot No.: | P43119 |
| Form: | Liquid |
| Storage: | -20°C (as supplied) |
| Stability: | ≥3 years |
| Storage Buffer: | TBS, pH 7.4, with 50% glycerol, 0.1% BSA, and 0.02% sodium azide |
| Host: | Rabbit |
| Application: | Western blot; the recommended starting dilution is 1:200. Other applications were not tested, therefore optimal working concentration/dilution should be determined empirically. |

Image



Lane 1: RT4 cell lysate (50 µg)

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

The IP Receptor is a class A rhodopsin-like G protein-coupled receptor that mediates the actions of prostaglandin I₂ (PGI₂).¹ The C-terminal intracellular tail of the IP receptor undergoes isoprenylation and palmitoylation that results in anchoring of the tail to the plasma membrane. The IP receptor is expressed in platelets and vascular smooth muscle cells and in the aorta, lungs, heart, and kidneys.^{1,2} It signals through G proteins in a cell type- and expression-dependent manner and is involved in cardiovascular, inflammatory, and immune functions, as well as the pain response.^{1,3-6} An arginine-to-cysteine mutation at position 212 in the IP receptor inhibits its ability to activate adenylyl cyclase, which leads to increased platelet aggregation *ex vivo* and increases disease severity and the incidence of cardiovascular events in patients with a high risk of cardiovascular disease.⁷ The human IP receptor (human) Polyclonal Antibody can be used for Western blot (WB). The antibody recognizes the IP receptor at approximately 42 kDa from human and mouse samples.

References

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