KIR6.2 (Phospho Thr224) Rabbit pAb

CatalogNo: YP0562

Key Features

Host Species	Reactivity	Applications
• Rabbit	• Human,Mouse,Rat	• WB,IHC,IF,ELISA

MW	Isotype
• 40kD (Observed)	• IgG

Recommended Dilution Ratios

WB 1:500-1:2000
IHC 1:100-1:300
IF 1:200-1:1000
ELISA 1:5000
Not yet tested in other applications.

Storage

Storage*	-15°C to -25°C/1 year(Do not lower than -25°C)
Formulation	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.

Basic Information

Clonality	Polyclonal

Immunogen Information

Immunogen	The antiserum was produced against synthesized peptide derived from human Kir6.2 around the phosphorylation site of Thr224. AA range:190-239

Specificity Phospho-KIR6.2 (T224) Polyclonal Antibody detects endogenous levels of KIR6.2 protein only when phosphorylated at T224.The name of modified sites may be influenced by many factors, such as species (the modified site was not originally found in human samples) and the change of protein sequence (the previous protein sequence is incomplete, and the protein sequence may be prolonged with the development of protein sequencing technology). When naming, we will use the "numbers" in historical reference to keep the sites consistent with the reports. The antibody binds to the following modification sequence (lowercase letters are modification sites):KTtSP

Target Information

Gene name KCNJ11

Protein Name ATP-sensitive inward rectifier potassium channel 11

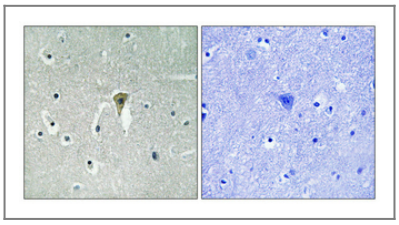
Organism	Gene ID	UniProt ID
Human	3767;	Q14654;
Mouse	16514;	Q61743;
Rat	83535;	P70673;

Cellular Localization Membrane; Multi-pass membrane protein.

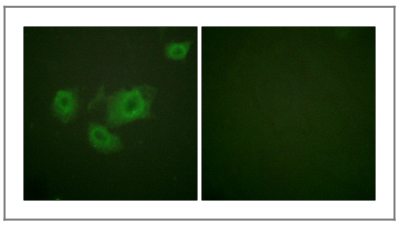
Tissue specificity Brain,Breast,Ovary,Placenta,Spleen,

Function Disease:Defects in KCNJ11 are a cause of permanent neonatal diabetes mellitus (PNDM) [MIM:606176]. PNDM is a rare form of diabetes characterized by insulin-requiring hyperglycemia that is diagnosed within the first months of life.,Disease:Defects in KCNJ11 are the cause of familial hyperinsulinemic hypoglycemia type 2 (HHF2) [MIM:601820]; also known as persistent hyperinsulinemic hypoglycemia of infancy (PPHI) or hyperinsulinism. HHF2 is the most common cause of persistent hypoglycemia in infancy and is due to defective negative feedback regulation of insulin secretion by low glucose levels. It causes nesidioblastosis, a diffuse abnormality of the pancreas in which there is extensive, often disorganized formation of new islets. Unless early and aggressive intervention is undertaken, brain damage from recurrent episodes of hypoglycemia may occur.,Disease:Defects in KCNJ11 are the cause of transient neonatal diabetes mellitus type 3 (TNDM3) [MIM:610582]. Neonatal diabetes mellitus, defined as insulin-requiring hyperglycemia within the first month of life, is a rare entity. In about half of the neonates, diabetes is transient and resolves at a median age of 3 months, whereas the rest have a permanent form of diabetes. In a significant number of patients with transient neonatal diabetes mellitus, diabetes type 2 appears later in life. The onset and severity of TNDM3 is variable with childhood-onset diabetes, gestational diabetes or adult-onset diabetes described.,Disease:Defects in KCNJ11 may contribute to non-insulin-dependent diabetes mellitus (NIDDM), also known as diabetes mellitus type 2.,Function:This receptor is controlled by G proteins. Inward rectifier potassium channels are characterized by a greater tendency to allow potassium to flow into the cell rather than out of it. Their voltage dependence is regulated by the concentration of extracellular potassium; as external potassium is raised, the voltage range of the channel opening shifts to more positive voltages. The inward rectification is mainly due to the blockage of outward current by internal magnesium. Can be blocked by extracellular barium.,similarity:Belongs to the inward rectifier-type potassium channel family.,subunit:Associates with ABCC8/SUR.,

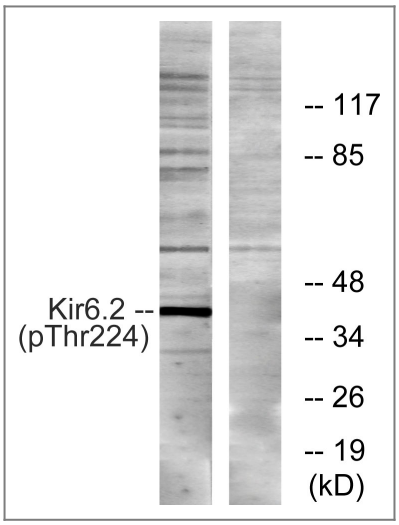
Validation Data



Immunohistochemical analysis of paraffin-embedded Human brain. Antibody was diluted at 1:100(4° overnight). High-pressure and temperature Tris-EDTA,pH8.0 was used for antigen retrieval. Negetive contrl (right) obtaned from antibody was pre-absorbed by immunogen peptide.



Immunofluorescence analysis of HUVEC cells, using Kir6.2 (Phospho-Thr224) Antibody. The picture on the right is blocked with the phospho peptide.



Western blot analysis of lysates from HeLa cells, using Kir6.2 (Phospho-Thr224) Antibody. The lane on the right is blocked with the phospho peptide.

Contact information

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Please scan the QR code to access additional product information: **KIR6.2 (Phospho Thr224) Rabbit pAb**