Recombinant Parathyroid Hormone (PTH) (N-Terminal) Antibody

Rabbit Monoclonal Antibody [Clone PTH/1717R]

Catalog No	Format	Size
5741-RBM7-P0	Purified Ab with BSA and Azide at 200ug/ml	20 ug
5741-RBM7-P1	Purified Ab with BSA and Azide at 200ug/ml	100 ug
5741-RBM7-P1ABX	Purified Ab WITHOUT BSA and Azide at 1.0mg/ml	100 ug

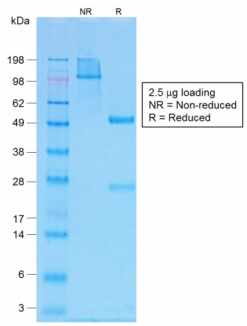
Applications	Tested Dillution	Note
Immunohistochemistry (IHC)	1-2ug/ml	30 min at RT. Staining of formalin-fixed tissues requires heating tissue sections in 10mM Tris with 1mM EDTA, pH 9.0, for 45 min at 95°C followed by cooling at RT for 20 minutes

Product Details

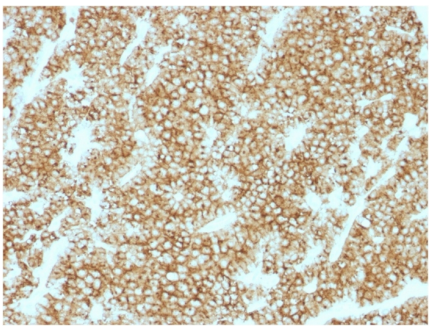
Clone	PTH/1717R
Gene Name	PTH
Immunogen	Synthetic peptide around aa 1-34 of human mature-PTH-polypeptide (exact sequence is proprietary)
Host	Rabbit
Clonality	Monoclonal
Isotype / Light Chain	IgG / Kappa
Mol. Weight of Antigen	9kDa
Cellular Localization	Secreted
Species Reactivity	Human
Positive Control	Human parathyroid gland carcinoma.

**Optimal dilution for a specific application should be determined.*

Product Images for Recombinant Parathyroid Hormone (PTH) (N-Terminal) Antibody



SDS-PAGE Analysis of Purified PTH Rabbit Recombinant Monoclonal Antibody (PTH/1717R). Confirmation of Purity and Integrity of Antibody.



Formalin-fixed, paraffin-embedded human Parathyroid stained with PTH Rabbit Recombinant Monoclonal Antibody (PTH/1717R).

Specificity & Comments

Epitope of this MAb maps in the N-terminus of PTH, a hormone produced by the parathyroid gland that regulates the concentration of calcium and phosphorus in extracellular fluid. This hormone elevates blood Ca2+ levels by dissolving the salts in bone and preventing their renal excretion.It is produced in the parathyroid gland as an 84 amino acid single chain polypeptide. It can also be secreted as N-terminal truncated fragments or C-terminal fragments after intracellular degradation, as in case of hypercalcemia. Defects in this gene are a cause of familial isolated hypoparathyroidism (FIH); also called autosomal dominant hypoparathyroidism or autosomal dominant hypocalcemia. FIH is characterized by hypocalcemia and hyperphosphatemia due to inadequate secretion of parathyroid hormone. Symptoms are seizures, tetany and cramps. FIH exist both as autosomal dominant and recessive forms of hypoparathyroidism.

Supplied As

200ug/ml of Ab Purified by Protein A. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide. Also available WITHOUT BSA & azide at 1.0mg/ml.

Storage and Stability

Antibody with azide - store at 2 to 8°C. Antibody without azide - store at -20 to -80°C. Antibody is stable for 24 months. Non-hazardous. No MSDS required.

Research Areas

Cardiovascular, Mesenchymal Stem Cell Differentiation, Signal Transduction

Limitations and Warranty