Product Name: TRβ1 (phospho Ser142) Rabbit Polyclonal Antibody
Catalog #: APRab05591

Summary

Production Name	TRβ1 (phospho Ser142) Rabbit Polyclonal Antibody
Description	Rabbit Polyclonal Antibody
Host	Rabbit
Application	WB
Reactivity	Human,Mouse,Rat

Performance

Conjugation	Unconjugated
Modification	Phospho Antibody
Isotype	IgG
Clonality	Polyclonal
Form	Liquid
Storage	Store at 4°C short term. Aliquot and store at -20°C long term. Avoid freeze/thaw cycles.
Buffer	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% New type preservative N.
Purification	Affinity purification

Immunogen

Gene Name	THRB
Alternative Names	THRB; ERBA2; NR1A2; THR1; Thyroid hormone receptor beta; Nuclear receptor subfamily 1 group A member 2; c-erbA-2; c-erbA-beta
Gene ID	7068.0
SwissProt ID	P10828.The antiserum was produced against synthesized peptide derived from human TR-beta1 around the phosphorylation site of Ser142. AA range:116-165

Application

Dilution Ratio	WB 1:500-1:2000. ELISA: 1:5000.
Molecular Weight	45kD

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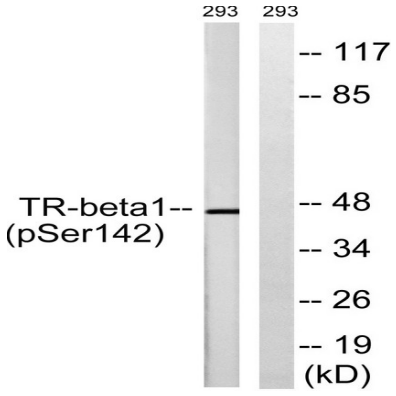
Background

The protein encoded by this gene is a nuclear hormone receptor for triiodothyronine. It is one of the several receptors for thyroid hormone, and has been shown to mediate the biological activities of thyroid hormone. Knockout studies in mice suggest that the different receptors, while having certain extent of redundancy, may mediate different functions of thyroid hormone. Mutations in this gene are known to be a cause of generalized thyroid hormone resistance (GTHR), a syndrome characterized by goiter and high levels of circulating thyroid hormone (T3-T4), with normal or slightly elevated thyroid stimulating hormone (TSH). Several alternatively spliced transcript variants encoding the same protein have been observed for this gene. [provided by RefSeq, Jul 2008],disease:Defects in THRB are the cause of generalized thyroid hormone resistance (GTHR) [MIM:188570, 274300]. GTHR is transmitted as an autosomal dominant trait, but an autosomal recessive form also exists. The disease is characterized by goiter, abnormal mental functions, increased susceptibility to infections, abnormal growth and bone maturation, tachycardia and deafness. Affected individuals may also have attention deficit-hyperactivity disorders (ADHD) and language difficulties. GTHR patients also have high levels of circulating thyroid hormones (T3-T4), with normal or slightly elevated thyroid stimulating hormone (TSH).,disease:Defects in THRB are the cause of selective pituitary thyroid hormone resistance (PRTH) [MIM:145650]; also called familial hyperthyroidism due to inappropriate thyrotropin secretion. PRTH is a variant form of thyroid hormone resistance and is characterized by clinical hyperthyroidism, with elevated free thyroid hormones, but inappropriately normal serum TSH. Unlike GRTH, where the syndrome usually segregates with a dominant allele, the mode of inheritance in PRTH has not been established.,domain:Composed of three domains: a modulating N-terminal domain, a DNA-binding domain and a C-terminal steroid-binding domain.,function:High affinity receptor for triiodothyronine.,similarity:Belongs to the nuclear hormone receptor family. NR1 subfamily.,similarity:Contains 1 nuclear receptor DNA-binding domain.,subunit:Interacts with NOCA7 in a ligand-inducible manner. Interacts with C1D.,

Research Area

Neuroactive ligand-receptor interaction;

Image Data



Western blot analysis of lysates from 293 cells treated with PMA 125ng/ml 30 ', using TR-beta1 (Phospho-Ser142)

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Antibody. The lane on the right is blocked with the phospho peptide.

Note

For research use only.