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FGF2 Polyclonal Antibody

Catalog Number **PA1-18361**

Product data sheet

Details	
Size	100 µL
Host/Isotope	Sheep / IgG
Class	Polyclonal
Type	Antibody
Immunogen	Recombinant human basic FGF.
Conjugate	Unconjugated
Form	Lyophilized
Concentration	Conc. Not Determined
Storage buffer	whole serum
Contains	no preservative
Storage Conditions	-20° C, Avoid Freeze/Thaw Cycles

Species Reactivity	
Species reactivity	Human, Mouse, Rat

Tested Applications	Dilution *
Immunohistochemistry (Frozen) (IHC (F))	1:1,000-1:2,000
Western Blot (WB)	1:1,000-1:2,000

* Suggested working dilutions are given as a guide only. It is recommended that the user titrate the product for use in their own experiment using appropriate negative and positive controls.

Product specific information

Reconstitute in 100 µL of sterile water. Centrifuge to remove any insoluble material. After reconstitution keep aliquots at -20 °C for a higher stability, and at 4 °C with an appropriate antibacterial agent. Glycerol (1:1) may be added for an additional stability. Avoid repetitive freeze/thaw cycles.

Background/Target Information

FGF2 (FGFb, fibroblast growth factor basic) belongs to the fibroblast growth factor (FGF) family, and interacts with high-affinity transmembrane receptors to influence cell proliferation and tissue neovascularization. FGF2 exists as five isoforms with distinct intracellular localizations and functions. The 18 kDa isoform is predominantly cytosolic and acts through cell surface receptors, whereas the 22, 22.5, 24 and 34 kDa isoforms are nuclear and may signal independent of transmembrane receptor pathways. In humans, the gene is located on the q arm of chromosome 4. FGF2 has been implicated in diverse biological processes, such as limb and nervous system development, wound healing, and tumor growth. The mRNA for FGF2 contains multiple polyadenylation sites, and is alternatively translated from non-AUG and AUG initiation codons, resulting in five different isoforms with distinct properties. The CUG-initiated isoforms are localized in the nucleus and are responsible for the intracrine effect, whereas, the AUG-initiated form is mostly cytosolic and is responsible for the paracrine and autocrine effects of this FGF. Diseases associated with FGF2 dysfunction include Kaposi Sarcoma and corneal neovascularization.

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