



CaSR (phospho Thr888) Polyclonal Antibody

Catalog No	BYab-13022
Isotype	IgG
Reactivity	Human;Mouse;Rat
Applications	WB;IF;ELISA
Gene Name	CASR
Protein Name	Extracellular calcium-sensing receptor
Immunogen	The antiserum was produced against synthesized peptide derived from human Calcium Sensing Receptor around the phosphorylation site of Thr888. AA range:854-903
Specificity	Phospho-CaSR (T888) Polyclonal Antibody detects endogenous levels of CaSR protein only when phosphorylated at T888.
Formulation	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.
Source	Polyclonal, Rabbit,IgG
Purification	The antibody was affinity-purified from rabbit antiserum by affinity-chromatography using epitope-specific immunogen.
Dilution	Western Blot: 1/500 - 1/2000. Immunofluorescence: 1/200 - 1/1000. ELISA: 1/40000. Not yet tested in other applications.
Concentration	1 mg/ml
Purity	≥90%
Storage Stability	-20°C/1 year
Synonyms	CASR; GPRC2A; PCAR1; Extracellular calcium-sensing receptor; CaSR; Parathyroid cell calcium-sensing receptor; PCaR1
Observed Band	140kD
Cell Pathway	Cell membrane ; Multi-pass membrane protein .
Tissue Specificity	Expressed in the temporal lobe, frontal lobe, parietal lobe, hippocampus, and cerebellum. Also found in kidney, lung, liver, heart, skeletal muscle, placenta.
Function	disease:Defects in CASR are the cause of autosomal dominant hypoparathyroidism (FIH) [MIM:146200]. FIH is characterized by hypocalcemia and hyperphosphatemia due to inadequate secretion of parathyroid hormone. Symptoms are seizures, tetany and cramps.,disease:Defects in CASR are the cause of familial hypocalciuric hypercalcemia type 1 (FHH) [MIM:145980]; in which the receptor has reduced activity. FHH is characterized by altered calcium homeostasis. Affected individuals exhibit mild or modest hypercalcemia, relative hypocalciuria, and inappropriately normal PTH levels.,disease:Defects in CASR

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are the cause of neonatal severe primary hyperparathyroidism (NSHPT) [MIM:239200]; in which the receptor has reduced activity. NSHPT is a rare autosomal recessive life-threatening disorder characterized by very high serum calcium concentrations, skeletal demineralization, and parathyroid hyperplasia

Background

The protein encoded by this gene is a G protein-coupled receptor that is expressed in the parathyroid hormone (PTH)-producing chief cells of the parathyroid gland, and the cells lining the kidney tubule. It senses small changes in circulating calcium concentration and couples this information to intracellular signaling pathways that modify PTH secretion or renal cation handling, thus this protein plays an essential role in maintaining mineral ion homeostasis. Mutations in this gene cause familial hypocalciuric hypercalcemia, familial, isolated hypoparathyroidism, and neonatal severe primary hyperparathyroidism. [provided by RefSeq, Jul 2008],

matters needing attention

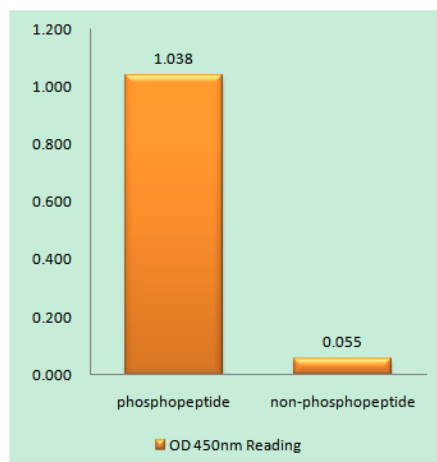
Avoid repeated freezing and thawing!

Usage suggestions

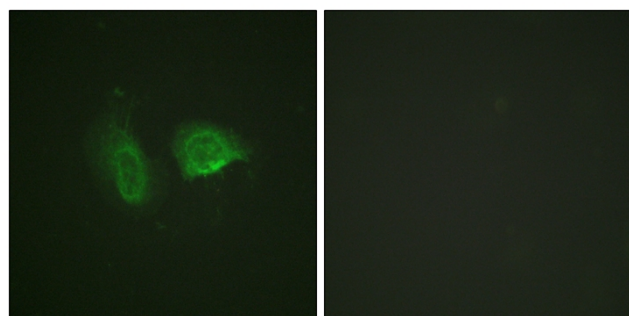
This product can be used in immunological reaction related experiments. For more information, please consult technical personnel.



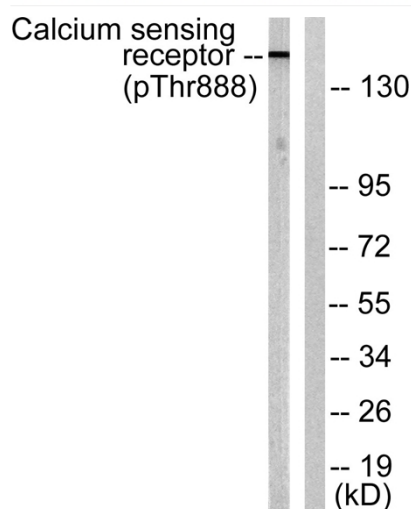
Products Images



Enzyme-Linked Immunosorbent Assay (Phospho-ELISA) for Immunogen Phosphopeptide (Phospho-left) and Non-Phosphopeptide (Phospho-right), using Calcium Sensing Receptor (Phospho-Thr888) Antibody



Immunofluorescence analysis of HeLa cells, using Calcium Sensing Receptor (Phospho-Thr888) Antibody. The picture on the right is blocked with the phospho peptide.



Western blot analysis of lysates from LOVO cells, using Calcium Sensing Receptor (Phospho-Thr888) Antibody. The lane on the right is blocked with the phospho peptide.

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