

For Research Use Only

androgen receptor Monoclonal antibody



Catalog Number: 66747-1-Ig **4 Publications**

Basic Information

Catalog Number: 66747-1-Ig	GenBank Accession Number: BC132975	Purification Method: Protein A purification
Size: 150ul , Concentration: 2300 µg/ml by Nanodrop and 1000 µg/ml by Bradford method using BSA as the standard;	GeneID (NCBI): 367	CloneNo.: 1F7C12
Source: Mouse	Full Name: androgen receptor	Recommended Dilutions: WB 1:600-1:3000 IHC 1:5000-1:20000 IF 1:200-1:800
Isotype: IgG2a	Calculated MW: 914 aa, 99 kDa	
Immunogen Catalog Number: AG17291	Observed MW: 110-120 kDa	

Applications

Tested Applications:

IF, IHC, WB, ELISA

Cited Applications:

IF, IHC, IP, WB

Species Specificity:

Human, Mouse, Rat

Cited Species:

human, rat, mouse

Note-IHC: suggested antigen retrieval with TE buffer pH 9.0; (*) Alternatively, antigen retrieval may be performed with citrate buffer pH 6.0

Positive Controls:

WB : LNCaP cells, human testis tissue, NCCIT cells

IHC : human prostate cancer tissue, mouse testis tissue, rat testis tissue

IF : human prostate cancer tissue, LNCaP cells

Background Information

AR, also named as DHTR and NR3C4, belongs to the nuclear hormone receptor family and NR3 subfamily. AR is a ligand-activated transcription factors that regulate eukaryotic gene expression and affect cellular proliferation and differentiation in target tissues. Transcription factor activity is modulated by bound coactivator and corepressor proteins. AR is activated, but not phosphorylated, by HIPK3. Defects in AR are the cause of androgen insensitivity syndrome (AIS), previously known as testicular feminization syndrome (TFM), which is an X-linked recessive form of pseudohermaphroditism due end-organ resistance to androgen. Defects in AR are the cause of spinal and bulbar muscular atrophy X-linked type 1 (SMA X1) which also known as Kennedy disease. Defects in AR may play a role in metastatic prostate cancer. Defects in AR are the cause of androgen insensitivity syndrome partial (PAIS) which also known as Reifenstein syndrome. AR exists various isoforms with MW 110-120 kDa and 75-80 kDa. (PMID: 19244107)

Notable Publications

Author	Pubmed ID	Journal	Application
Yuan-Xue Jing	37931646	Gynecol Endocrinol	WB,IF
Kai Song	37810250	iScience	WB,IF,IP
Parmveer Singh	37376888	Development	IHC

Storage

Storage:

Store at -20°C. Stable for one year after shipment.

Storage Buffer:

PBS with 0.02% sodium azide and 50% glycerol pH 7.3.

Aliquoting is unnecessary for -20°C storage

*** 20ul sizes contain 0.1% BSA

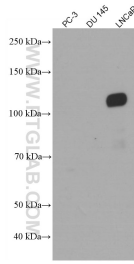
For technical support and original validation data for this product please contact:

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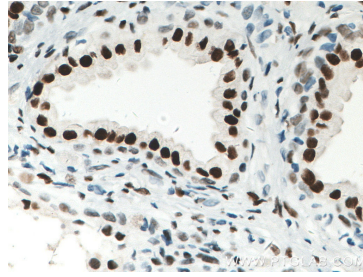
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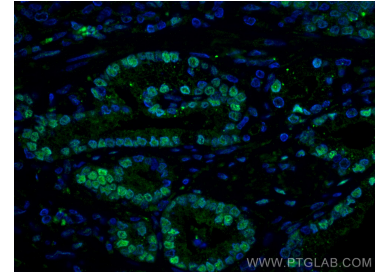
Selected Validation Data



PC-3(AR-), DU 145(AR-) and LNCaP (AR+) cell lysates were subjected to SDS PAGE followed by western blot with 66747-1-Ig (AR antibody) at dilution of 1:3000 incubated at room temperature for 1.5 hours.



Immunohistochemical analysis of paraffin-embedded human prostate cancer tissue slide using 66747-1-Ig (AR antibody) at dilution of 1:20000 (under 40x lens. Heat mediated antigen retrieval with Tris-EDTA buffer (pH 9.0).



Immunofluorescent analysis of (4% PFA) fixed human prostate cancer tissue using AR antibody (66747-1-Ig, Clone: 1F7C12) at dilution of 1:400 and Coralite®488-Conjugated AffiniPure Goat Anti-Mouse IgG(H+L).