(KO Validated) POR Polyclonal Antibody

Catalog Number: E-AB-62876



Note: Centrifuge before opening to ensure complete recovery of vial contents.

Description

Reactivity Human, Mouse, Rat

Immunogen Recombinant fusion protein of human POR (NP_000932.3).

Host Rabbit
Isotype IgG

Purification Affinity purification

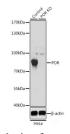
Conjugation Unconjugated

Formulation PBS with 0.02% sodium azide, 50% glycerol, pH7.3.

Applications Recommended Dilution

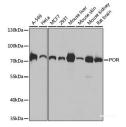
WB 1:500-1:2000 IHC 1:50-1:100 IF 1:50-1:200

Data

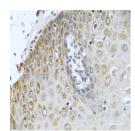


Western blot analysis of extracts from normal (control) and POR knockout (KO) HeLa cells using POR Polyclonal Antibody at dilution of 1:1000.

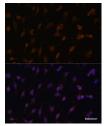
Observed Mw:77kDa Calculated Mw:76kDa



Western blot analysis of extracts of various cell lines using POR Polyclonal Antibody at dilution of 1:1000.



Immunohistochemistry of paraffin-embedded Human esophagus using POR Polyclonal Antibody at dilution of 1:100 (40x lens).



Immunofluorescence analysis of C6 cells using POR Polyclonal Antibody at dilution of 1:100 (40x lens).

Blue: DAPI for nuclear staining.

For Research Use Only

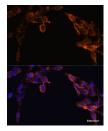
Toll-free: 1-888-852-8623 Tel: 1-832-243-6086 Fax: 1-832-243-6017

Web: <u>www.elabscience.com</u> Email: <u>techsupport@elabscience.com</u>

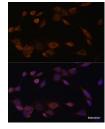
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Immunofluorescence analysis of HeLa cells using POR Polyclonal Antibody at dilution of 1:100 (40x lens). Blue: DAPI for nuclear staining.



Immunofluorescence analysis of NIH-3T3 cells using POR Polyclonal Antibody at dilution of 1:100 (40x lens). Blue: DAPI for nuclear staining.

Preparation & Storage

Storage

Store at -20°C. Avoid freeze / thaw cycles.

Background

This gene encodes an endoplasmic reticulum membrane oxidoreductase with an FAD-binding domain and a flavodoxinlike domain. The protein binds two cofactors, FAD and FMN, which allow it to donate electrons directly from NADPH to all microsomal P450 enzymes. Mutations in this gene have been associated with various diseases, including apparent combined P450C17 and P450C21 deficiency, amenorrhea and disordered steroidogenesis, congenital adrenal hyperplasia and Antley-Bixler syndrome.

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