

## CaSR (phospho Thr888) Polyclonal Antibody

Catalog No: YP0541

**Reactivity:** Human; Mouse; Rat

**Applications:** WB;IF;ELISA

Target: CaSR

**Fields:** >>NOD-like receptor signaling pathway;>>Parathyroid hormone synthesis,

secretion and action

Gene Name: CASR

Protein Name: Extracellular calcium-sensing receptor

P41180

Q9QY96

Human Gene Id: 846

**Human Swiss Prot** 

No:

Mouse Gene Id: 12374

**Mouse Swiss Prot** 

No:

Rat Gene Id: 24247

Rat Swiss Prot No: P48442

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

1/3



**Dilution:** WB 1:500 - 1:2000. IF 1:200 - 1:1000. ELISA: 1:40000. Not yet tested in other

applications.

**Purification:** The antibody was affinity-purified from rabbit antiserum by affinity-

chromatography using epitope-specific immunogen.

Concentration: 1 mg/ml

Storage Stability: -15°C to -25°C/1 year(Do not lower than -25°C)

Observed Band: 140kD

**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],

**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 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

Subcellular Location:

Cell membrane; Multi-pass membrane protein.

**Expression:** Expressed in the temporal lobe, frontal lobe, parietal lobe, hippocampus, and

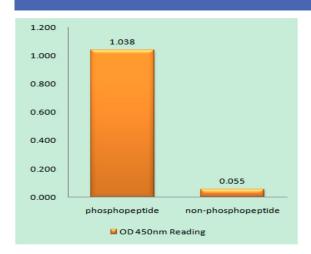
cerebellum. Also found in kidney, lung, liver, heart, skeletal muscle, placenta.

**Sort :** 3188

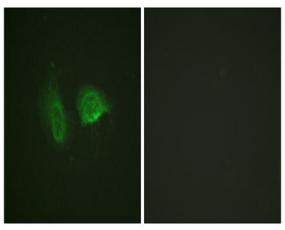
No4: 1



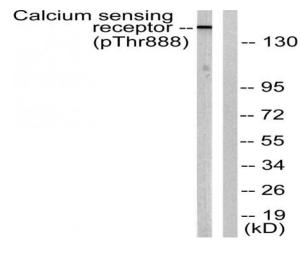
## **Products Images**



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.