For Research Use Only

# androgen receptor Monoclonal antibody

Catalog Number:66747-1-lg 12 Publications



**Basic Information** 

Catalog Number: 66747-1-lg Concentration:

1000 ug/ml

BC132975 GeneID (NCBI): 367

GenBank Accession Number:

Source: UNIPROT ID:
Mouse P10275

Isotype: Full Name:
IgG2a androgen receptor
Immunogen Catalog Number: Calculated MW:
AG17291 914 aa, 99 kDa

Observed MW: 110-120 kDa Protein A purification CloneNo.: 1F7C12

**Purification Method:** 

Recommended Dilutions: WB 1:600-1:3000 IHC 1:5000-1:2000 IF-P 1:200-1:800 IF/ICC 1:200-1:800

**Applications** 

Tested Applications: WB, IHC, IF/ICC, IF-P, ELISA

Cited Applications:
WB, IHC, IF, IP, CoIP
Species Specificity:
human, mouse, rat
Cited Species:

human, mouse, rat, goat

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-P: human prostate cancer tissue,

IF/ICC: 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 (SMAX1) 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
Weian Zhu	39643184	Int J Biol Macromol	WB,IF,CoIP
Si Ha	39577229	Eur J Med Chem	WB,IHC,IF
Fang-E Zhao	39575435	Front Vet Sci	WB,IHC

Storage

Storage

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

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

Aliquoting is unnecessary for -20°C storage

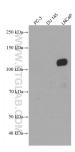
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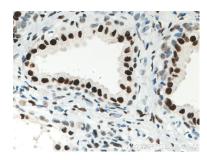
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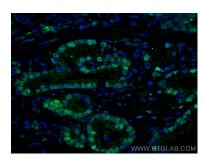
### **Selected Validation Data**



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



Immunohistochemical analysis of paraffinembedded 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-lg, Clone: 1F7C12) at dilution of 1:400 and CoraLite®488-Conjugated AffiniPure Goat Anti-Mouse IgG(H+L).



Immunofluorescent analysis of (4% PFA) fixed LNCaP cells using androgen receptor antibody (66747-1-Ig, Clone: 1F7C12) at dilution of 1:400 and CoraLite®488-Conjugated AffiniPure Goat Anti-Mouse IgG(H+L).