

Anti-OSMR Antibody (9K249)

Product Details

Ig Type:	Mouse IgG1
Reactivity:	Human
Conjugation:	Unconjugated
Clone:	9K249
Purification:	Protein A

Applications

Verified Activity:	<p>OSMR was immunoprecipitated using:</p> <ul style="list-style-type: none">-Lane A:0.5 mg Hela Whole Cell Lysate.-2 μL anti-OSMR mouse monoclonal antibody and 60 μg of Immunomagnetic beads Protein G.-Primary antibody:-Anti-OSMR mouse monoclonal antibody, at 1:100 dilution. <p>-Secondary antibody:</p> <ul style="list-style-type: none">-Dylight 800-labeled antibody to Mouse IgG (H+L), at 1:7500 dilution.-Developed using the odyssey technique.-Performed under reducing conditions.-Predicted band size: 111 kDa.-Observed band size: 111 kDa
Application:	ELISA,ELISA(Det),IP
Recommended	ELISA: 1:1000-1:2000; IP: 0.5-2 μ L/mg of lysate; ELISA(Det): 1:1000-1:10000

Properties

Stability & Storage:	Store at 2°C-8°C for 1 month. Store at -20°C or -80°C for 12 months. Avoid repeated freeze-thaw cycles. Preservative-Free.
Shipping:	Shipping with blue ice.

Antigen Details

Immunogen:	Recombinant Protein: Human OSMR protein (TMPY-01305)
Antigen Species:	Human
Synonyms:	oncostatin M receptor;OSMRB

Research Background

Oncostatin-M specific receptor subunit beta also known as the oncostatin M receptor (OSMR) and Interleukin-31 receptor subunit beta (IL-31RB), is one of the receptor proteins for oncostatin M. OSMR is a member of the type I cytokine receptor family. IL-31RB/OSMR heterodimerizes with interleukin 6 signal transducer to form the type II oncostatin M receptor and with interleukin 31 receptor A to form the interleukin 31 receptor, and thus transduces oncostatin M and interleukin 31 induced signaling events. Mutations in IL-31RB/OSMR have been associated with familial primary localized cutaneous amyloidosis. Defects in IL-31RB/OSMR are the cause of amyloidosis primary localized cutaneous type 1 (PLCA1), also known as familial lichen amyloidosis of familial cutaneous lichen amyloidosis. PLCA1 is hereditary primary amyloidosis characterized by localized cutaneous amyloid deposition. This

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condition usually presents with itching (especially on the lower legs) and visible changes of skin hyperpigmentation and thickening (lichenification) that may be exacerbated by chronic scratching and rubbing. The amyloid deposits probably reflect a combination of degenerate keratin filaments, serum amyloid P component, and deposition of immunoglobulins.

Inhibitor · Natural Compounds · Compound Libraries · Recombinant Proteins

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