

Anti-hCG receptor/LHR antibody ab125214

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Overview

Product name	Anti-hCG receptor/LHR antibody
Description	Rabbit polyclonal to hCG receptor/LHR
Host species	Rabbit
Tested applications	Suitable for: WB, IHC-P
Species reactivity	Reacts with: Rat, Human
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
General notes	<p>The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets your needs before purchasing.</p> <p>If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be found below, along with publications, customer reviews and Q&As</p>

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C long term.
Storage buffer	Preservatives: 0.025% Sodium azide, 0.025% Thimerosal (merthiolate) Constituents: 2.5% BSA, 0.45% Sodium chloride, 0.1% Dibasic monohydrogen sodium phosphate
Purity	Immunogen affinity purified
Clonality	Polyclonal
Isotype	IgG

Applications

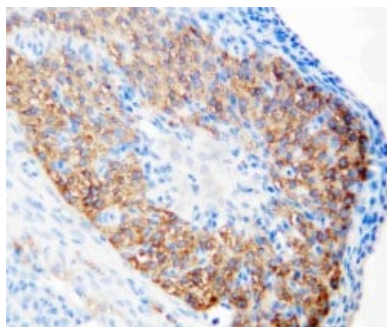
The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab125214 in the following tested applications. The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
WB		Use a concentration of 0.1 - 0.5 µg/ml. Predicted molecular weight: 79 kDa. The detection limit for ab125214 is approximately 0.1 ng/lane under non-reducing and reducing conditions.
IHC-P		Use a concentration of 0.5 - 1 µg/ml.

Target

Function	Receptor for lutropin-choriogonadotropic hormone. The activity of this receptor is mediated by G proteins which activate adenylate cyclase.
Tissue specificity	Gonadal and thyroid cells.
Involvement in disease	Defects in LHCGR are a cause of familial male precocious puberty (FMPP) [MIM:176410]; also known as testotoxicosis. In FMPP the receptor is constitutively activated. Defects in LHCGR are the cause of luteinizing hormone resistance (LHR) [MIM:238320]; also known as Leydig cell hypoplasia in males. LHR is an autosomal recessive disorder characterized by unresponsiveness to luteinizing hormone, defective sexual development in males, and defective follicular development and ovulation, amenorrhea and infertility in females. Two forms of the disorder have been defined in males. Type 1 is a severe form characterized by complete 46,XY male pseudohermaphroditism, low testosterone and high luteinizing hormone levels, total lack of responsiveness to luteinizing and chorionic gonadotropin hormones, lack of breast development, and absent development of secondary male sex characteristics. Type 2, a milder form, displays a broader range of phenotypic expression ranging from micropenis to severe hypospadias.
Sequence similarities	Belongs to the G-protein coupled receptor 1 family. FSH/LSH/TSH subfamily. Contains 6 LRR (leucine-rich) repeats. Contains 1 LRRNT domain.
Cellular localization	Cell membrane.

Images



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) staining hCG receptor/LHR in Rat Ovary Tissue.

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-hCG receptor/LHR antibody (ab125214)



Western blot - Anti-hCG receptor/LHR antibody
(ab125214)

Anti-hCG receptor/LHR antibody (ab125214) at 0.5 µg/ml + MCF-7
Whole Cell Lysate at 40 µg

Predicted band size: 79 kDa

Please note: All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

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