Product datasheet

Anti-FSH-R antibody ab75200

Overview

Product name: Anti-FSH-R antibody
Description: Rabbit polyclonal to FSH-R
Host species: Rabbit
Specificity: Detects endogenous levels of total FSH-R protein.
Tested applications: Suitable for: WB, ELISA
Species reactivity:
- Reacts with: Human
- Predicted to work with: Mouse, Rat

Immunogen: Synthetic peptide corresponding to Human FSH-R (internal sequence).
Positive control: Transfected Jurkat and HUVEC cell extracts

Properties

Form: Liquid
Storage instructions: Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
Storage buffer:
- pH: 7.40
- Preservative: 0.02% Sodium azide
- Constituents: 50% Glycerol, 0.87% Sodium chloride, PBS
  Without Mg2+ and Ca2+
Purity: Immunogen affinity purified
Purification notes: Affinity purified from rabbit antiserum by affinity chromatography using epitope specific immunogen.
Clonality: Polyclonal
Isotype: IgG

Applications

Our Abpromise guarantee covers the use of ab75200 in the following tested applications.
The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.
### Function
Receptor for follicle-stimulating hormone. The activity of this receptor is mediated by G proteins which activate adenylate cyclase.

### Tissue specificity
Sertoli cells and ovarian granulosa cells.

### Involvement in disease
Defects in FSHR are a cause of ovarian dysgenesis type 1 (ODG1) [MIM:233300]; also known as premature ovarian failure or gonadal dysgenesis XX type or XX gonadal dysgenesis (XXGD) or hereditary hypergonadotrophic ovarian failure or hypergonadotropic ovarian dysgenesis with normal karyotype. ODG1 is an autosomal recessive disease characterized by primary amenorrhea, variable development of secondary sex characteristics, and high serum levels of follicle-stimulating hormone (FSH) and luteinizing hormone (LH). Defects in FSHR are a cause of ovarian hyperstimulation syndrome (OHSS) [MIM:608115]. OHSS is a disorder which occurs either spontaneously or most often as an iatrogenic complication of ovarian stimulation treatments for in vitro fertilization. The clinical manifestations vary from abdominal distention and discomfort to potentially life-threatening, massive ovarian enlargement and capillary leak with fluid sequestration. Pathologic features of this syndrome include the presence of multiple serous and hemorrhagic follicular cysts lined by luteinized cells, a condition called hyperreactio luteinalis.

### Sequence similarities
Belongs to the G-protein coupled receptor 1 family. FSH/LSH/TSH subfamily.
Contains 9 LRR (leucine-rich) repeats.
Contains 1 LRRNT domain.

### Post-translational modifications
N-glycosylated; indirectly required for FSH-binding, possibly via a conformational change that allows high affinity binding of hormone.

### Cellular localization
Cell membrane.

### Images

<table>
<thead>
<tr>
<th>Application</th>
<th>Abreviews</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB</td>
<td></td>
<td>1/500 - 1/1000. Predicted molecular weight: 78 kDa.</td>
</tr>
<tr>
<td>ELISA</td>
<td></td>
<td>1/5000.</td>
</tr>
</tbody>
</table>
**Western blot - Anti-FSH-R antibody (ab75200)**

**All lanes**: Anti-FSH-R antibody (ab75200) at 1/500 dilution

**Lane 1**: Transfected Jurkat cell extract

**Lane 2**: Transfected HUVEC cell extract

**Lane 3**: Transfected Jurkat cell extract with immunising peptide at 10 µg

Lysates/proteins at 10 µg per lane.

**Predicted band size**: 78 kDa

**Observed band size**: 78 kDa

**Additional bands at**: 85 kDa. We are unsure as to the identity of these extra bands.

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**Please note**: All products are "FOR RESEARCH USE ONLY AND ARE NOT INTENDED FOR DIAGNOSTIC OR THERAPEUTIC USE"

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