


Product datasheet

Anti-CaSR (phospho T888) antibody ab182619

1 Image

Overview

Product name	Anti-CaSR (phospho T888) antibody
Description	Rabbit polyclonal to CaSR (phospho T888)
Host species	Rabbit
Specificity	ab182619 detects endogenous level of CaSR only when phosphorylated at Threonine 888.
Tested applications	Suitable for: WB
Species reactivity	Reacts with: Human Predicted to work with: Mouse, Rat 
Immunogen	Synthetic peptide within Human CaSR conjugated to keyhole limpet haemocyanin. The exact sequence is proprietary. Peptide sequence around phosphorylation site of Threonine 888 (R-A-T(p)-L-R) derived from Human CaSR. Database link: P41180
Positive control	LOVO cell line extracts.
General notes	This product was previously labelled as Calcium Sensing Receptor

Reproducibility is key to advancing scientific discovery and accelerating scientists' next breakthrough.

Abcam is leading the way with our range of recombinant antibodies, knockout-validated antibodies and knockout cell lines, all of which support improved reproducibility.

We are also planning to innovate the way in which we present recommended applications and species on our product datasheets, so that only applications & species that have been tested in our own labs, our suppliers or by selected trusted collaborators are covered by our Abpromise™ guarantee.

In preparation for this, we have started to update the applications & species that this product is Abpromise guaranteed for.

We are also updating the applications & species that this product has been “predicted to work with,” however this information is not covered by our Abpromise guarantee.

Applications & species from publications and Abreviews that have not been tested in our own labs or in those of our suppliers are not covered by the Abpromise guarantee.

Please check that this product meets your needs before purchasing. 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, as well as

customer reviews and Q&As.

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. Avoid freeze / thaw cycle.
Storage buffer	pH: 7.40 Preservative: 0.02% Sodium azide Constituents: 49% PBS, 0.88% Sodium chloride, 50% Glycerol (glycerin, glycerine) without Mg ²⁺ and Ca ²⁺
Purity	Immunogen affinity purified
Purification notes	Non-phospho specific antibodies were removed by chromatography using non-phosphopeptide
Clonality	Polyclonal
Isotype	IgG

Applications

Our [Abpromise guarantee](#) covers the use of **ab182619** 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		1/500 - 1/1000. Predicted molecular weight: 121 kDa.

Target

Function	Senses changes in the extracellular concentration of calcium ions. The activity of this receptor is mediated by a G-protein that activates a phosphatidylinositol-calcium second messenger system.
Tissue specificity	Expressed in the temporal lobe, frontal lobe, parietal lobe, hippocampus, and cerebellum. Also found in kidney, lung, liver, heart, skeletal muscle, placenta.
Involvement in disease	Defects in CASR are the cause of familial hypocalciuric hypercalcemia type 1 (FHH) [MIM:145980]. FHH is characterized by altered calcium homeostasis. Affected individuals exhibit mild or modest hypercalcemia, relative hypocalciuria, and inappropriately normal PTH levels. Defects in CASR are the cause of neonatal severe primary hyperparathyroidism (NSHPT) [MIM:239200]. NSHPT is a rare autosomal recessive life-threatening disorder characterized by very high serum calcium concentrations, skeletal demineralization, and parathyroid hyperplasia. In some instances NSHPT has been demonstrated to be the homozygous form of FHH. Defects in CASR are a cause of familial isolated hypoparathyroidism (FIH) [MIM:146200]; also called autosomal dominant hypoparathyroidism or autosomal dominant hypocalcemia. FIH is characterized by hypocalcemia and hyperphosphatemia due to inadequate secretion of parathyroid hormone. Symptoms are seizures, tetany and cramps. An autosomal recessive form of FIH also exists. Defects in CASR are the cause of idiopathic generalized epilepsy type 8 (IGE8) [MIM:612899];

also known as EIG8. A disorder characterized by recurring generalized seizures in the absence of detectable brain lesions and/or metabolic abnormalities. Seizure types are variable, but include myoclonic seizures, absence seizures, febrile seizures, complex partial seizures, and generalized tonic-clonic seizures.

Note=Homozygous defects in CASR can be a cause of primary hyperparathyroidism in adulthood. Patients suffer from osteoporosis and renal calculi, have marked hypercalcemia and increased serum PTH concentrations.

Sequence similarities

Belongs to the G-protein coupled receptor 3 family.

Post-translational modifications

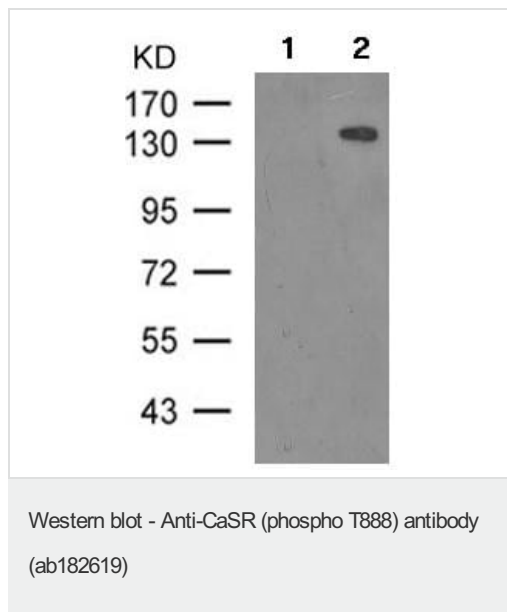
N-glycosylated.

Ubiquitinated by RNF19A; which induces proteasomal degradation.

Cellular localization

Cell membrane.

Images



All lanes : Anti-CaSR (phospho T888) antibody (ab182619) at 1/500 dilution

Lane 1 : LOVO cell extracts with antigen specific peptide

Lane 2 : LOVO cell extracts

Secondary

All lanes : Anti-rabbit HRP conjugated antibody

Developed using the ECL technique.

Predicted band size: 121 kDa

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

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