**Product datasheet**

**Anti-FGF 23 antibody ab98000**

**Overview**

- **Product name:** Anti-FGF 23 antibody
- **Description:** Rabbit polyclonal to FGF 23
- **Host species:** Rabbit
- **Tested applications:** Suitable for: WB
- **Species reactivity:** Reacts with: Human
- **Immunogen:** Synthetic peptide corresponding to Human FGF 23 aa 150-250 conjugated to keyhole limpet haemocyanin.
  (Peptide available as ab109073)
- **Positive control:** This antibody gave a positive signal in the following tissue lysates: Human brain; Human heart; Human bone marrow; Human bone tumour as well as the following whole cell lysates: U2OS; U937; MOLT4.

**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 or -80°C. Avoid freeze / thaw cycle.
- **Storage buffer:** pH: 7.40
  Preservative: 0.02% Sodium azide
  Constituent: PBS

  Batches of this product that have a concentration < 1mg/ml may have BSA added as a stabilising agent. If you would like information about the formulation of a specific lot, please contact our scientific support team who will be happy to help.
- **Purity:** Immunogen affinity purified
- **Clonality:** Polyclonal
- **Isotype:** IgG

**Applications**

Our Abpromise guarantee covers the use of ab98000 in the following tested applications.
Function
Regulator of phosphate homeostasis. Inhibits renal tubular phosphate transport by reducing SLC34A1 levels. Upregulates EGR1 expression in the presence of KL (By similarity). Acts directly on the parathyroid to decrease PTH secretion (By similarity). Regulator of vitamin-D metabolism. Negatively regulates osteoblast differentiation and matrix mineralization.

Tissue specificity
Expressed in osteogenic cells particularly during phases of active bone remodeling. In adult trabecular bone, expressed in osteocytes and flattened bone-lining cells (inactive osteoblasts).

Involvement in disease
Defects in FGF23 are the cause of autosomal dominant hypophosphataemic rickets (ADHR) [MIM:193100]. ADHR is characterized by low serum phosphorus concentrations, rickets, osteomalacia, leg deformities, short stature, bone pain and dental abscesses. Defects in FGF23 are a cause of hyperphosphatemic familial tumoral calcinosis (HFTC) [MIM:211900]. HFTC is a severe autosomal recessive metabolic disorder that manifests with hyperphosphatemia and massive calcium deposits in the skin and subcutaneous tissues.

Sequence similarities
Belongs to the heparin-binding growth factors family.

Post-translational modifications
Following secretion this protein is inactivated by cleavage into a N-terminal fragment and a C-terminal fragment. The processing is effected by proprotein convertases. O-glycosylated by GALT3. Glycosylation is necessary for secretion; it blocks processing by proprotein convertases when the O-glycan is alpha 2,6-sialylated. Competition between proprotein convertase cleavage and block of cleavage by O-glycosylation determines the level of secreted active FGF23.

Cellular localization
Secreted. Secretion is dependent on O-glycosylation.

Images

Western blot - Anti-FGF 23 antibody (ab98000)

All lanes : Anti-FGF 23 antibody (ab98000) at 1 µg/ml

Lane 1 : Human brain tissue lysate - total protein (ab29466)
Lane 2 : MOLT4 (Human acute lymphoblastic leukemia cell line) Whole Cell Lysate
Lane 3 : Bone Marrow (Human) Tissue Lysate - adult normal tissue
Lane 4 : Human bone tumor tissue lysate - total protein (ab29359)

Lysates/proteins at 10 µg per lane.

Secondary

All lanes : Goat Anti-Rabbit IgG H&L (HRP) preadsorbed (ab97080) at 1/5000 dilution
Developed using the ECL technique.

Performed under reducing conditions.

**Predicted band size:** 27 kDa  
**Observed band size:** 27 kDa  
**Additional bands at:** 48 kDa, 90 kDa. We are unsure as to the identity of these extra bands.

**Exposure time:** 30 seconds

This antibody has also given a positive signal in Human heart tissue lysate and U2OS and U937 whole cell lysates.

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

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