

STAT3 Antibody Pair - BSA and Azide free ab267734

Recombinant RabMAb

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Overview

Product name STAT3 Antibody Pair - BSA and Azide free

Assay type ELISA set

Range 187.5 pg/ml - 12000 pg/ml

Species reactivity **Reacts with:** Mouse, Rat, Human

Product overview

The Antibody Pair can be used to quantify STAT3. BSA and Azide free antibody pairs include unconjugated capture and detector antibodies suitable for sandwich ELISAs. The antibodies are provided at an approximate concentration of 1 mg/ml as measured by the protein A280 method. The recommended antibody orientation is based on internal optimization for ELISA-based assays. Antibody orientation is assay dependent and needs to be optimized for each assay type. Both capture and detector antibodies are rabbit monoclonal antibodies delivering consistent, specific, and sensitive results.

For additional information on the performance of the antibody pair, see the equivalent SimpleStep ELISA® Kit ([ab264629](#)), which uses the same antibodies. However, due to differences in their formulation, this antibody pair cannot be used with the consumables provided with our SimpleStep ELISA Kits. Please note that the range provided for the pairs is only an estimation based on the performance of the related product using the same antibody pair. Performance of the antibody pair will depend on the specific characteristics of your assay. We guarantee the product works in sandwich ELISA, but we do not guarantee the sensitivity or dynamic range of the antibody pair in your assay.

Tested applications **Suitable for:** Sandwich ELISA

Platform Reagents

Properties

Storage instructions Store at +4°C. Please refer to protocols.

Carrier free Yes

Components	10 x 96 tests
STAT3 Capture Antibody (unconjugated)	1 x 100µg

Components	10 x 96 tests
STAT3 Detector Antibody (unconjugated)	1 x 100µg

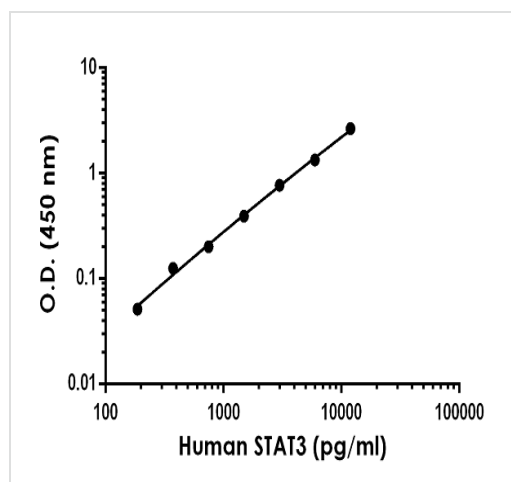
Function	Signal transducer and transcription activator that mediates cellular responses to interleukins, KITLG/SCF, LEP and other growth factors. Once activated, recruits coactivators, such as NCOA1 or MED1, to the promoter region of the target gene (PubMed:17344214). May mediate cellular responses to activated FGFR1, FGFR2, FGFR3 and FGFR4. Binds to the interleukin-6 (IL-6)-responsive elements identified in the promoters of various acute-phase protein genes. Activated by IL31 through IL31RA. Involved in cell cycle regulation by inducing the expression of key genes for the progression from G1 to S phase, such as CCND1 (PubMed:17344214). Mediates the effects of LEP on melanocortin production, body energy homeostasis and lactation (By similarity). May play an apoptotic role by transactivating BIRC5 expression under LEP activation (PubMed:18242580). Cytoplasmic STAT3 represses macroautophagy by inhibiting EIF2AK2/PKR activity.
Tissue specificity	Heart, brain, placenta, lung, liver, skeletal muscle, kidney and pancreas.
Involvement in disease	Hyperimmunoglobulin E recurrent infection syndrome, autosomal dominant Autoimmune disease, multisystem, infantile-onset
Sequence similarities	Belongs to the transcription factor STAT family. Contains 1 SH2 domain.
Post-translational modifications	Tyrosine phosphorylated upon stimulation with EGF. Tyrosine phosphorylated in response to constitutively activated FGFR1, FGFR2, FGFR3 and FGFR4 (By similarity). Activated through tyrosine phosphorylation by BMX. Tyrosine phosphorylated in response to IL6, IL11, LIF, CNTF, KITLG/SCF, CSF1, EGF, PDGF, IFN-alpha, LEP and OSM. Activated KIT promotes phosphorylation on tyrosine residues and subsequent translocation to the nucleus. Phosphorylated on serine upon DNA damage, probably by ATM or ATR. Serine phosphorylation is important for the formation of stable DNA-binding STAT3 homodimers and maximal transcriptional activity. ARL2BP may participate in keeping the phosphorylated state of STAT3 within the nucleus. Upon LPS challenge, phosphorylated within the nucleus by IRAK1. Upon erythropoietin treatment, phosphorylated on Ser-727 by RPS6KA5. Phosphorylation at Tyr-705 by PTK6 or FER leads to an increase of its transcriptional activity. Dephosphorylation on tyrosine residues by PTPN2 negatively regulates IL6/interleukin-6 signaling.
Cellular localization	Cytoplasm. Nucleus. Shuttles between the nucleus and the cytoplasm. Translocated into the nucleus upon tyrosine phosphorylation and dimerization, in response to signaling by activated FGFR1, FGFR2, FGFR3 or FGFR4. Constitutive nuclear presence is independent of tyrosine phosphorylation. Predominantly present in the cytoplasm without stimuli. Upon leukemia inhibitory factor (LIF) stimulation, accumulates in the nucleus. The complex composed of BART and ARL2 plays an important role in the nuclear translocation and retention of STAT3. Identified in a complex with LYN and PAG1.

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab267734 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
Sandwich ELISA		Use at an assay dependent concentration.

Images



Sandwich ELISA - STAT3 Antibody Pair - BSA and Azide free (ab267734)

Representative standard curve from corresponding SimpleStep ELISA® Kit ([ab264629](#)), which uses the same antibody pair. For additional information on the performance of pair and kit, refer to the corresponding kit datasheet. Due to differences in the formulation and format of the antibodies in this pair, they cannot be used as substitutes for the antibody components in our SimpleStep ELISA® Kits.

Powered by recombinant antibodies

- Research with confidence**
Consistent and reproducible results
- Long-term and scalable supply**
Recombinant technology
- Success from the first experiment**
Confirmed specificity
- Ethical standards compliant**
Animal-free production

Sandwich ELISA - STAT3 Antibody Pair - BSA and Azide free (ab267734)

To learn more about the advantages of recombinant antibodies see [here](#).

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

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