abcam

Product datasheet

Anti-FGFR3 antibody [EPR2304(3)] - BSA and Azide free ab187341

KO VALIDATED Recombinant RabMAb

4 Images

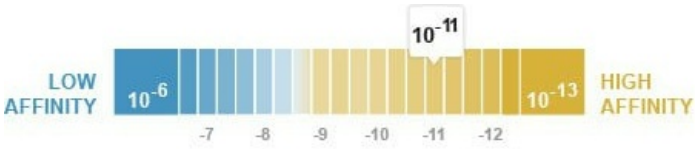
Overview

Product name	Anti-FGFR3 antibody [EPR2304(3)] - BSA and Azide free
Description	Rabbit monoclonal [EPR2304(3)] to FGFR3 - BSA and Azide free
Host species	Rabbit
Specificity	We have tested this antibody in positive Mouse and Rat tissue lysates in WB and could not obtain a specific band for FGFR3. Please get in touch with our Scientific Support team if you wish to share any data regarding this antibody's cross-reactivity in Mouse and Rat species.
Tested applications	**Suitable for:** WB **Unsuitable for:** Flow Cyt,ICC/IF or IHC-P
Species reactivity	**Reacts with:** Human
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers. (Peptide available as **ab195871**)
Positive control	WB: K562, HepG2 and HEK293 lysates.
General notes	ab187341 is the carrier-free version of **ab133644**. Our **carrier-free** antibodies are typically supplied in a PBS-only formulation, purified and free of BSA, sodium azide and glycerol. The carrier-free buffer and high concentration allow for increased conjugation efficiency. This conjugation-ready format is designed for use with fluorochromes, metal isotopes, oligonucleotides, and enzymes, which makes them ideal for antibody labelling, functional and cell-based assays, flow-based assays (e.g. mass cytometry) and Multiplex Imaging applications. Use our **conjugation kits** for antibody conjugates that are ready-to-use in as little as 20 minutes with <1 minute hands-on-time and 100% antibody recovery: available for fluorescent dyes, HRP, biotin and gold. This product is a recombinant monoclonal antibody, which offers several advantages including: - High batch-to-batch consistency and reproducibility - Improved sensitivity and specificity - Long-term security of supply - Animal-free production For more information **see here**. Our RabMAb® technology is a patented hybridoma-based technology for making rabbit

monoclonal antibodies. For details on our patents, please refer to **RabMAb® patents**.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at +4°C. Do Not Freeze.
Dissociation constant (K_D)	$K_D = 1.62 \times 10^{-11}$ M



Learn more about K_D

Storage buffer	pH: 7.2 Constituent: PBS
Carrier free	Yes
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EPR2304(3)
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab187341 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 at an assay dependent concentration. Predicted molecular weight: 88 kDa.

Application notes Is unsuitable for Flow Cyt,ICC/IF or IHC-P.

Target

Function	Receptor for acidic and basic fibroblast growth factors. Preferentially binds FGF1.
Tissue specificity	Expressed in brain, kidney and testis. Very low or no expression in spleen, heart, and muscle. In 20- to 22-week old fetuses it is expressed at high level in kidney, lung, small intestine and brain, and to a lower degree in spleen, liver, and muscle. Isoform 2 is detected in epithelial cells. Isoform 1 is not detected in epithelial cells. Isoform 1 and isoform 2 are detected in fibroblastic cells.
Involvement in disease	Defects in FGFR3 are the cause of achondroplasia (ACH) [MIM:100800]. ACH is an autosomal dominant disease and is the most frequent form of short-limb dwarfism. It is characterized by a long, narrow trunk, short extremities, particularly in the proximal (rhizomelic) segments, a large head with frontal bossing, hypoplasia of the midface and a trident configuration of the hands. Defects in FGFR3 are the cause of Crouzon syndrome with acanthosis nigricans (CAN) [MIM:612247]. Classic Crouzon disease which is caused by mutations in the FGFR2 gene is

characterized by craniosynostosis (premature fusion of the skull sutures), and facial hypoplasia. Crouzon syndrome with acanthosis nigricans (a skin disorder characterized by pigmentation anomalies), CAN, is considered to be an independent disorder from classic Crouzon syndrome. CAN is characterized by additional more severe physical manifestation, such as Chiari malformation, hydrocephalus, and atresia or stenosis of the choanas, and is caused by a specific mutation (Ala-391 to Glu) in the transmembrane domain of FGFR3. It is proposed to have an autosomal dominant mode of inheritance.
Defects in FGFR3 are a cause of thanatophoric dysplasia type (TD) [MIM:187600, 187601]; also known as thanatophoric dwarfism or platyspondylic lethal skeletal dysplasia Sand Diego type (PLSD-SD). TD is the most common neonatal lethal skeletal dysplasia. Affected individuals display features similar to those seen in homozygous achondroplasia. It causes severe shortening of the limbs with macrocephaly, narrow thorax and short ribs. In the most common subtype, TD1, femur are curved, while in TD2, straight femurs are associated with cloverleaf skull. Mutations affecting different functional domains of FGFR3 cause different forms of this lethal disorder.
Defects in FGFR3 are a cause of hypochondroplasia (HCH) [MIM:146000]. HCH is an autosomal dominant disease and is characterized by disproportionate short stature. It resembles achondroplasia, but with a less severe phenotype.
Defects in FGFR3 are a cause of susceptibility to bladder cancer (BLC) [MIM:109800]. A malignancy originating in tissues of the urinary bladder. It often presents with multiple tumors appearing at different times and at different sites in the bladder. Most bladder cancers are transitional cell carcinomas. They begin in cells that normally make up the inner lining of the bladder. Other types of bladder cancer include squamous cell carcinoma (cancer that begins in thin, flat cells) and adenocarcinoma (cancer that begins in cells that make and release mucus and other fluids). Bladder cancer is a complex disorder with both genetic and environmental influences. Note=Somatic mutations can constitutively activate FGFR3.
Defects in FGFR3 are a cause of cervical cancer (CERCA) [MIM:603956]. A malignant neoplasm of the cervix, typically originating from a dysplastic or premalignant lesion previously present at the active squamocolumnar junction. The transformation from mild dysplastic to invasive carcinoma generally occurs slowly within several years, although the rate of this process varies widely. Carcinoma in situ is particularly known to precede invasive cervical cancer in most cases. Cervical cancer is strongly associated with infection by oncogenic types of human papillomavirus.
Defects in FGFR3 are the cause of camptodactyly tall stature and hearing loss syndrome (CATSHL syndrome) [MIM:610474]. CATSHL syndrome is an autosomal dominant syndrome characterized by permanent and irreducible flexion of one or more fingers of the hand and/or feet, tall stature, scoliosis and/or a pectus excavatum, and hearing loss. Affected individuals have developmental delay and/or mental retardation, and several of these have microcephaly. Radiographic findings included tall vertebral bodies with irregular borders and broad femoral metaphyses with long tubular shafts. On audiological exam, each tested member have bilateral sensorineural hearing loss and absent otoacoustic emissions. The hearing loss was congenital or developed in early infancy, progressed variably in early childhood, and range from mild to severe. Computed tomography and magnetic resonance imaging reveal that the brain, middle ear, and inner ear are structurally normal.
Defects in FGFR3 are a cause of multiple myeloma (MM) [MIM:254500]. MM is a malignant tumor of plasma cells usually arising in the bone marrow and characterized by diffuse involvement of the skeletal system, hyperglobulinemia, Bence-Jones proteinuria and anemia. Complications of multiple myeloma are bone pain, hypercalcemia, renal failure and spinal cord compression. The aberrant antibodies that are produced lead to impaired humoral immunity and patients have a high prevalence of infection. Amyloidosis may develop in some patients. Multiple myeloma is part of a spectrum of diseases ranging from monoclonal gammopathy of unknown significance (MGUS) to plasma cell leukemia. Note=A chromosomal aberration involving FGFR3 is found in multiple myeloma. Translocation t(4;14)(p16.3;q32.3) with the IgH locus.
Defects in FGFR3 are a cause of lacrimo-auriculo-dento-digital syndrome (LADDS)

[MIM:149730]; also known as Levy-Hollister syndrome. LADDS is a form of ectodermal dysplasia, a heterogeneous group of disorders due to abnormal development of two or more ectodermal structures. LADDS is an autosomal dominant syndrome characterized by aplastic/hypoplastic lacrimal and salivary glands and ducts, cup-shaped ears, hearing loss, hypodontia and enamel hypoplasia, and distal limb segments anomalies. In addition to these cardinal features, facial dysmorphism, malformations of the kidney and respiratory system and abnormal genitalia have been reported. Craniosynostosis and severe syndactyly are not observed.
Defects in FGFR3 are a cause of keratinocytic non-epidermolytic nevus (KNEN) [MIM:162900]; also known as pigmented moles. Epidermal nevi of the common, non-organoid and non-epidermolytic type are benign skin lesions and may vary in their extent from a single (usually linear) lesion to widespread and systematized involvement. They may be present at birth or develop early during childhood.
Defects in FGFR3 are a cause of Muenke syndrome (MNKS) [MIM:602849]; also known as Muenke non-syndromic coronal craniosynostosis. MNKS is a condition characterized by premature closure of coronal suture of skull during development (coronal craniosynostosis), which affects the shape of the head and face. It may be uni- or bilateral. When bilateral, it is characterized by a skull with a small antero-posterior diameter (brachycephaly), often with a decrease in the depth of the orbits and hypoplasia of the maxillae. Unilateral closure of the coronal sutures leads to flattening of the orbit on the involved side (plagiocephaly). The intellect is normal. In addition to coronal craniosynostosis some affected individuals show skeletal abnormalities of hands and feet, sensorineural hearing loss, mental retardation and respiratory insufficiency.
Defects in FGFR3 are a cause of keratosis seborrheic (KERSEB) [MIM:182000]. A common benign skin tumor. Seborrheic keratoses usually begin with the appearance of one or more sharply defined, light brown, flat macules. The lesions may be sparse or numerous. As they initially grow, they develop a velvety to finely verrucous surface, followed by an uneven warty surface with multiple plugged follicles and a dull or lackluster appearance.

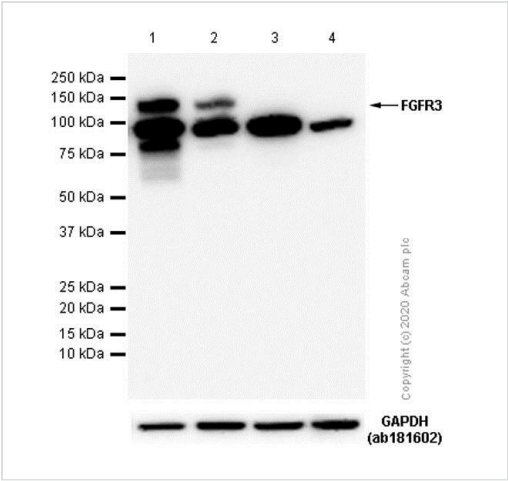
Sequence similarities

Belongs to the protein kinase superfamily. Tyr protein kinase family. Fibroblast growth factor receptor subfamily.
Contains 3 Ig-like C2-type (immunoglobulin-like) domains.
Contains 1 protein kinase domain.

Cellular localization

Membrane.

Images



Western blot - Anti-FGFR3 antibody [EPR2304(3)] - BSA and Azide free (ab187341)

All lanes : Anti-FGFR3 antibody [EPR2304(3)] (**ab133644**) at 1/2000 dilution

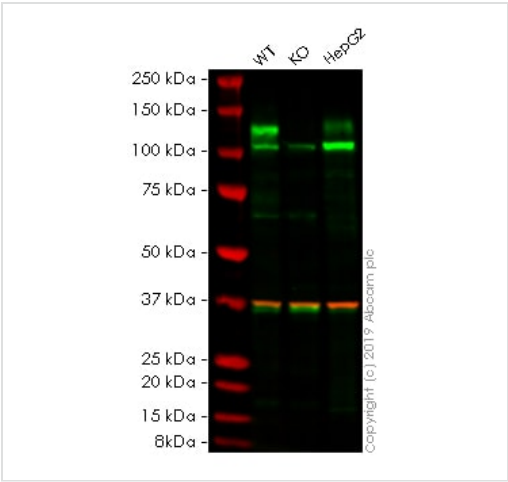
Lane 1 : HepG2 (Human hepatocellular carcinoma epithelial cell) whole cell lysates
Lane 2 : K-562 (Human chronic myelogenous leukemia lymphoblast) whole cell lysates
Lane 3 : MCF7 (Human breast adenocarcinoma epithelial cell) whole cell lysates
Lane 4 : IM-9 (Human multiple myeloma B Lymphoblast) whole cell lysates

Lysates/proteins at 20 µg per lane.

Secondary
All lanes : Goat Anti-Rabbit IgG H&L (HRP) (**ab97051**) at 1/20000 dilution

Predicted band size: 88 kDa

Blocking/Diluting buffer and concentration: 5% NFDM/TBST



Western blot - Anti-FGFR3 antibody [EPR2304(3)] - BSA and Azide free (ab187341)

All lanes : Anti-FGFR3 antibody [EPR2304(3)] (**ab133644**) at 1/1000 dilution

Lane 1 : Wild-type HEK-293 (Human epithelial cell line from embryonic kidney) whole cell lysate
Lane 2 : FGFR3 knockout HEK-293 (Human epithelial cell line from embryonic kidney) whole cell lysate
Lane 3 : Hep G2 (Human liver hepatocellular carcinoma cell line) whole cell lysate

Lysates/proteins at 20 µg per lane.

Performed under reducing conditions.

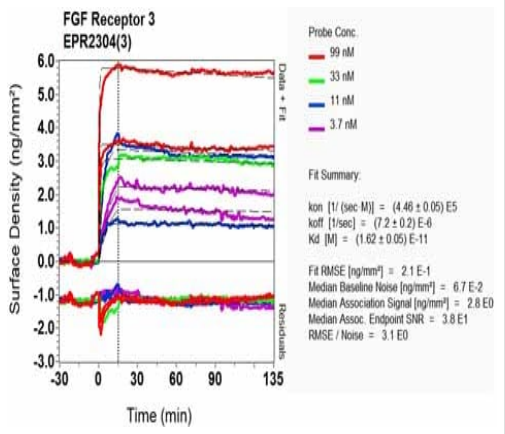
Predicted band size: 88 kDa
Observed band size: 125 kDa

Lanes 1 - 3: Merged signal (red and green). Green - **ab133644**

observed at 125kDa. Red - loading control, **ab9484**, observed at 37 kDa.

ab133644 was shown to recognize in wild-type HEK-293 cells as signal was lost at the expected MW in FGFR3 knockout cells. Additional cross-reactive bands were observed in the wild-type and knockout cells. Wild-type and FGFR3 knockout samples were subjected to SDS-PAGE. Ab133644 and **ab9484** (Mouse anti-GAPDH loading control) were incubated overnight at 4°C at 1/1000 dilution and 1/20000 dilution respectively. Blots were developed with Goat anti-Rabbit IgG H&L (IRDye® 800CW) preabsorbed **ab216773** and Goat anti-Mouse IgG H&L (IRDye® 680RD) preabsorbed **ab216776** secondary antibodies at 1/20000 dilution for 1 hour at room temperature before imaging.

This data was developed using the same antibody clone in a different buffer formulation containing PBS, BSA, glycerol, and sodium azide (**ab133644**).



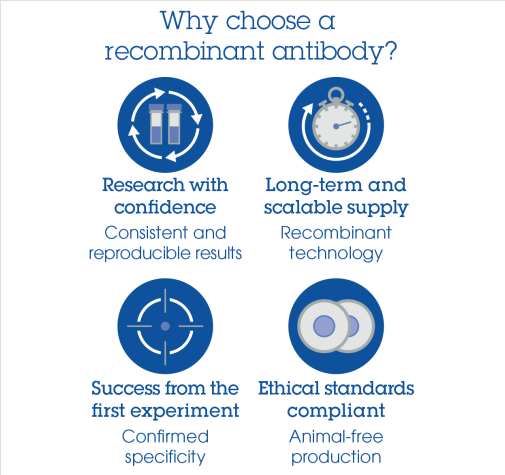
OI-RD Scanning - Anti-FGFR3 antibody [EPR2304(3)] - BSA and Azide free (ab187341)

Equilibrium disassociation constant (K_D)

Learn more about K_D

Click here to learn more about K_D

This data was developed using the same antibody clone in a different buffer formulation containing PBS, BSA, glycerol, and sodium azide (**ab133644**).



Anti-FGFR3 antibody [EPR2304(3)] - BSA and Azide free (ab187341)

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