


## Product datasheet

# Anti-VEGF Receptor 2 antibody [SP123] - BSA and Azide free ab243912

Recombinant RabMAb

3 Images

### Overview

Product name	Anti-VEGF Receptor 2 antibody [SP123] - BSA and Azide free
Description	Rabbit monoclonal [SP123] to VEGF Receptor 2 - BSA and Azide free
Host species	Rabbit
Tested applications	<b>Suitable for:</b> IHC-P
Species reactivity	<b>Reacts with:</b> Human <b>Predicted to work with:</b> Mouse 
Immunogen	Synthetic peptide. This information is proprietary to Abcam and/or its suppliers.
Positive control	IHC-P: Human placenta, and Human glioma tissue.
General notes	<p>ab243912 is the carrier-free version of <a href="#">ab115805</a>.</p> <p>Our <b>carrier-free</b> 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.</p> <p>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.</p> <p>Use our <b>conjugation kits</b> for antibody conjugates that are ready-to-use in as little as 20 minutes with &lt;1 minute hands-on-time and 100% antibody recovery: available for fluorescent dyes, HRP, biotin and gold.</p> <p>This product is compatible with the Maxpar<sup>®</sup> Antibody Labeling Kit from Fluidigm, without the need for antibody preparation. Maxpar<sup>®</sup> is a trademark of Fluidigm Canada Inc.</p> <p>This product is a recombinant monoclonal antibody, which offers several advantages including:</p> <ul style="list-style-type: none"> <li>- High batch-to-batch consistency and reproducibility</li> <li>- Improved sensitivity and specificity</li> <li>- Long-term security of supply</li> <li>- Animal-free production</li> </ul> <p>For more information <a href="#">see here</a>.</p> <p><b>This product is FOR RESEARCH USE ONLY. For commercial use, please contact <a href="mailto:partnerships@abcam.com">partnerships@abcam.com</a>.</b></p>

## Properties

<b>Form</b>	Liquid
<b>Storage instructions</b>	Shipped at 4°C. Store at +4°C. Do Not Freeze.
<b>Storage buffer</b>	pH: 7.20 Constituent: PBS
<b>Carrier free</b>	Yes
<b>Purity</b>	Protein A/G purified
<b>Purification notes</b>	Purified from TCS by protein A/G.
<b>Clonality</b>	Monoclonal
<b>Clone number</b>	SP123
<b>Isotype</b>	IgG

## Applications

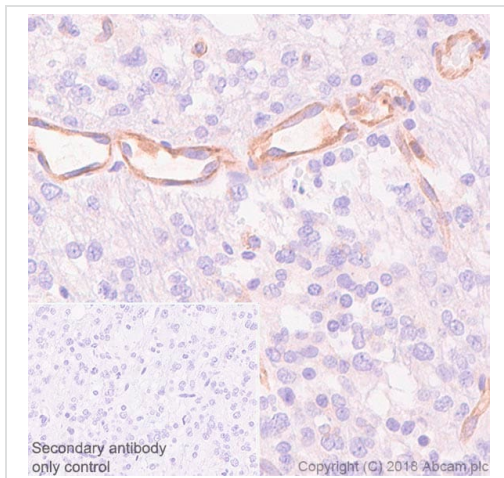
**The Abpromise guarantee** Our **Abpromise guarantee** covers the use of ab243912 in the following tested applications. The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
IHC-P		Use at an assay dependent concentration. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.

## Target

<b>Function</b>	Receptor for VEGF or VEGFC. Has a tyrosine-protein kinase activity. The VEGF-kinase ligand/receptor signaling system plays a key role in vascular development and regulation of vascular permeability. In case of HIV-1 infection, the interaction with extracellular viral Tat protein seems to enhance angiogenesis in Kaposi's sarcoma lesions.
<b>Involvement in disease</b>	Defects in KDR are associated with susceptibility to hemangioma capillary infantile (HCI) [MIM:602089]. HCI are benign, highly proliferative lesions involving aberrant localized growth of capillary endothelium. They are the most common tumor of infancy, occurring in up to 10% of all births. Hemangiomas tend to appear shortly after birth and show rapid neonatal growth for up to 12 months characterized by endothelial hypercellularity and increased numbers of mast cells. This phase is followed by slow involution at a rate of about 10% per year and replacement by fibrofatty stroma.
<b>Sequence similarities</b>	Belongs to the protein kinase superfamily. Tyr protein kinase family. CSF-1/PDGF receptor subfamily. Contains 7 Ig-like C2-type (immunoglobulin-like) domains. Contains 1 protein kinase domain.
<b>Post-translational modifications</b>	Phosphorylated. Dephosphorylated by PTPRB. Dephosphorylated by PTPRJ at Tyr-951, Tyr-996, Tyr-1054, Tyr-1059, Tyr-1175 and Tyr-1214.
<b>Cellular localization</b>	Membrane.

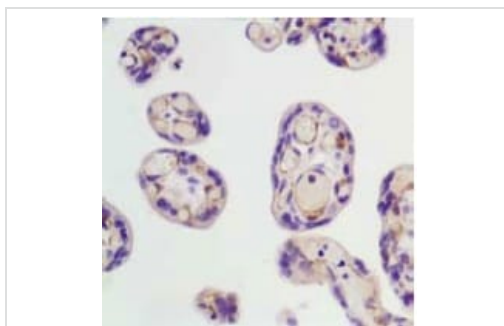
## Images



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-VEGF Receptor 2 antibody [SP123] - BSA and Azide free (ab243912)

Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) analysis of Human glioma tissue sections labeling VEGF Receptor 2 with **ab115805** at 1/100 dilution (1.72 µg/ml). Heat mediated antigen retrieval was performed Heat mediated antigen retrieval with sodium citrate buffer (pH 6.0, epitope retrieval solution 1) for 10 mins. Rabbit specific IHC polymer detection kit HRP/DAB (**ab209101**) was used as the secondary antibody. Negative control: PBS instead of the primary antibody. Hematoxylin was used as a counterstain.

This data was developed using the same antibody clone in a different buffer formulation containing PBS, BSA, glycerol, and sodium azide (**ab115805**)



Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) - Anti-VEGF Receptor 2 antibody [SP123] - BSA and Azide free (ab243912)

Staining of Human VEGF Receptor 2 in a Formalin/PFA-fixed paraffin-embedded section of Human Placenta using **ab115805** at a dilution of 1/100.

This data was developed using the same antibody clone in a different buffer formulation containing PBS, BSA, and sodium azide (**ab115805**).

### Why choose a recombinant antibody?



**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

Anti-VEGF Receptor 2 antibody [SP123] - BSA and Azide free (ab243912)

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

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