

## FGF Receptor 2 Rabbit pAb

CatalogNo: YT0485

### | Key Features

**Host Species**

- Rabbit

**Reactivity**

- Human, Mouse, Rat

**Applications**

- WB, IHC, IF, ELISA

**MW**

- 120kD (Observed)

**Isotype**

- IgG

### | Recommended Dilution Ratios

**WB 1:500-1:2000****IHC 1:100-1:300****IF 1:200-1:1000****ELISA 1:10000****Not yet tested in other applications.**

### | Storage

**Storage\*** -15°C to -25°C/1 year(Do not lower than -25°C)**Formulation** Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.

### | Basic Information

**Clonality** Polyclonal

### | Immunogen Information

**Immunogen** The antiserum was produced against synthesized peptide derived from human FGFR2. AA range:471-520**Specificity** Bek Polyclonal Antibody detects endogenous levels of Bek protein.

## | Target Information

**Gene name** FGFR2 BEK KGFR KSAM

**Protein Name** Fibroblast growth factor receptor 2

Organism	Gene ID	UniProt ID
Human	<a href="#">2263</a> ;	<a href="#">P21802</a> ;
Mouse	<a href="#">14183</a> ;	<a href="#">P21803</a> ;

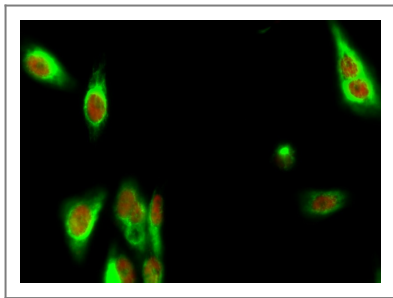
**Cellular Localization** Cell membrane; Single-pass type I membrane protein. Golgi apparatus. Cytoplasmic vesicle. Detected on osteoblast plasma membrane lipid rafts. After ligand binding, the activated receptor is rapidly internalized and degraded.; [Isoform 1]: Cell membrane; Single-pass type I membrane protein. After ligand binding, the activated receptor is rapidly internalized and degraded.; [Isoform 3]: Cell membrane; Single-pass type I membrane protein. After ligand binding, the activated receptor is rapidly internalized and degraded.; [Isoform 8]: Secreted.; [Isoform 13]: Secreted.

**Tissue specificity** Blood,Brain,Cerebellum,Cornea,Mammary gland,Neonatal brain stem,Pla

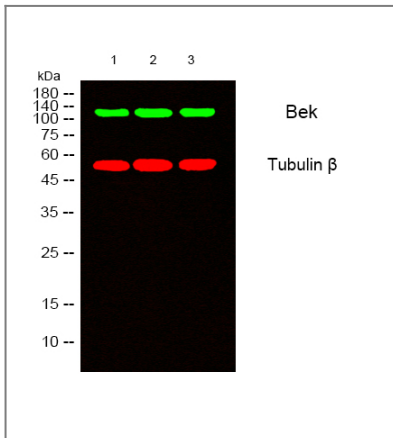
## Function

Catalytic activity:ATP + a [protein]-L-tyrosine = ADP + a [protein]-L-tyrosine phosphate.,Disease:Defects in FGFR2 are a cause of Apert syndrome (APRS) [MIM:101200]; also known as acrocephalosyndactyly type 1 (ACS1). APRS is a syndrome characterized by facio-cranio-synostosis, osseous and membranous syndactyly of the four extremities, and midface hypoplasia. The craniosynostosis is bicoronal and results in acrocephaly of brachysphenocephalic type. Syndactyly of the fingers and toes may be total (mitten hands and sock feet) or partial affecting the second, third, and fourth digits. Intellectual deficit is frequent and often severe, usually being associated with cerebral malformations.,Disease:Defects in FGFR2 are a cause of Jackson-Weiss syndrome (JWS) [MIM:123150]. JWS is an autosomal dominant craniosynostosis syndrome characterized by craniofacial abnormalities and abnormality of the feet: broad great toes with medial deviation and tarsal-metatarsal coalescence.,Disease:Defects in FGFR2 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.,Disease:Defects in FGFR2 are a cause of Pfeiffer syndrome (PS) [MIM:101600]; also known as acrocephalosyndactyly type V (ACS5). PS is characterized by craniosynostosis (premature fusion of the skull sutures) with deviation and enlargement of the thumbs and great toes, brachymesophalangy, with phalangeal ankylosis and a varying degree of soft tissue syndactyly. Three subtypes of Pfeiffer syndrome have been described: mild autosomal dominant form (type 1); cloverleaf skull, elbow ankylosis, early death, sporadic (type 2); craniosynostosis, early demise, sporadic (type 3).,Disease:Defects in FGFR2 are the cause of Antley-Bixler syndrome (ABS) [MIM:207410]. ABS is a multiple congenital anomaly syndrome characterized by craniosynostosis, radiohumeral synostosis, midface hypoplasia, malformed ears, arachnodactyly and multiple joint contractures. ABS is a heterogeneous disorder and occurs with and without abnormal genitalia in both sexes.,Disease:Defects in FGFR2 are the cause of Beare-Stevenson cutis gyrata syndrome (BSCGS) [MIM:123790]. BSCGS is an autosomal dominant condition is characterized by the furrowed skin disorder of cutis gyrata, acanthosis nigricans, craniosynostosis, craniofacial dysmorphism, digital anomalies, umbilical and anogenital abnormalities and early death.,Disease:Defects in FGFR2 are the cause of Crouzon syndrome (CS) [MIM:123500]; also called craniofacial dysostosis type I (CFD1). CS is an autosomal dominant syndrome characterized by craniosynostosis (premature fusion of the skull sutures), hypertelorism, exophthalmos and external strabismus, parrot-beaked nose, short upper lip, hypoplastic maxilla, and a relative mandibular prognathism.,Disease:Defects in FGFR2 are the cause of familial scaphocephaly syndrome (FSPC) [MIM:609579]; also known as scaphocephaly with maxillary retrusion and mental retardation. FSPC is an autosomal dominant craniosynostosis syndrome characterized by scaphocephaly, macrocephaly, hypertelorism, maxillary retrusion, and mild intellectual disability. Scaphocephaly is the most common of the craniosynostosis conditions and is characterized by a long, narrow head. It is due to premature fusion of the sagittal suture or from external deformation.,Function:Receptor for acidic and basic fibroblast growth factors.,similarity:Belongs to the protein kinase superfamily. Tyr protein kinase family.,similarity:Belongs to the protein kinase superfamily. Tyr protein kinase family. Fibroblast growth factor receptor subfamily.,similarity:Contains 1 protein kinase domain.,similarity:Contains 3 Ig-like C2-type (immunoglobulin-like) domains.,

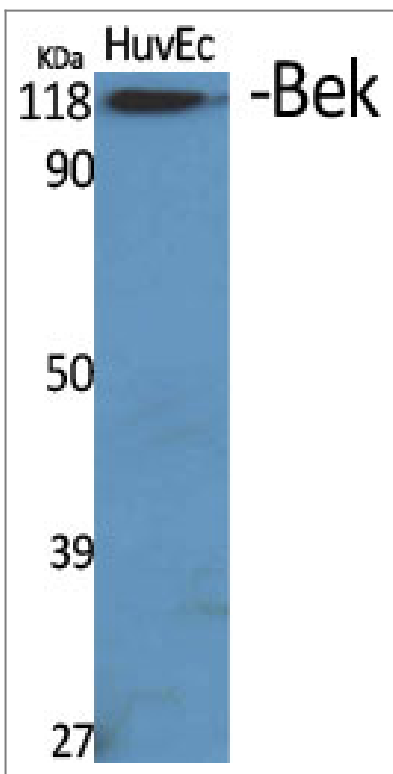
## Validation Data



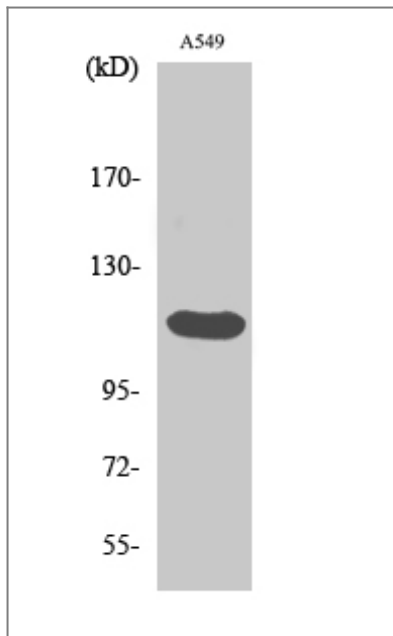
Immunofluorescence analysis of Hela cell. 1, Bek Polyclonal Antibody (green) was diluted at 1:200 (4° overnight). (red) was diluted at 1:200 (4° overnight). 2, Goat Anti Rabbit Alexa Fluor 488 Catalog: RS3211 was diluted at 1:1000 (room temperature, 50min). Goat Anti Mouse Alexa Fluor 594 Catalog: RS3608 was diluted at 1:1000 (room temperature, 50min).



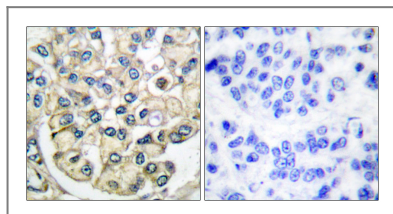
Western blot analysis of lysates from 1) A549, 2) HuvEc, 3) HepG2 cells, (Green) primary antibody was diluted at 1:1000, 4° over night, secondary antibody (cat: RS23920) was diluted at 1:10000, 37° 1 hour. (Red) Tubulin  $\beta$  Monoclonal Antibody (5G3) (cat: YM3030) antibody was diluted at 1:5000 as loading control, 4° over night, secondary antibody (cat: RS23710) was diluted at 1:10000, 37° 1 hour.



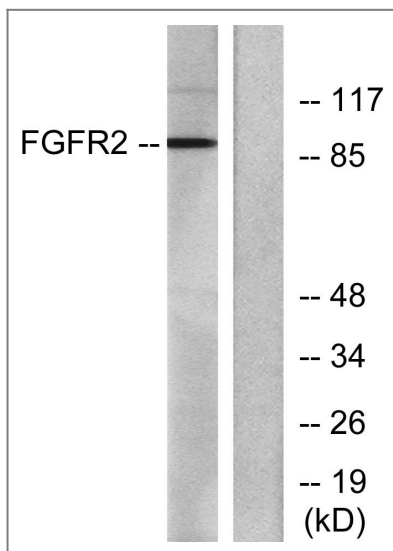
Western Blot analysis of various cells using Bek Polyclonal Antibody



Western Blot analysis of A549 cells using Bek Polyclonal Antibody



Immunohistochemistry analysis of paraffin-embedded human breast carcinoma tissue, using FGFR2 Antibody. The picture on the right is blocked with the synthesized peptide.



Western blot analysis of lysates from A549 cells, using FGFR2 Antibody. The lane on the right is blocked with the synthesized peptide.

## Contact information

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Please scan the QR code to access additional product information:  
**FGF Receptor 2**  
**Rabbit pAb**

