

PAX4 Antibody (internal region)
Peptide-affinity purified goat antibody
Catalog # AF3081a

Specification

PAX4 Antibody (internal region) - Product Information

Application	EIA, WB
Primary Accession	O43316
Other Accession	NP_006184.2 , 5078 , 18506 (mouse) , 83630 (rat)
Reactivity	Human, Mouse
Predicted	Rat, Dog
Host	Goat
Clonality	Polyclonal
Concentration	0.5 mg/ml
Isotype	IgG
Calculated MW	37833

PAX4 Antibody (internal region) - Additional Information

Other Names

Paired box protein Pax-4, PAX4

Format

0.5 mg/ml in Tris saline, 0.02% sodium azide, pH7.3 with 0.5% bovine serum albumin

Storage

Maintain refrigerated at 2-8°C for up to 6 months. For long term storage store at -20°C in small aliquots to prevent freeze-thaw cycles.

Precautions

PAX4 Antibody (internal region) is for research use only and not for use in diagnostic or therapeutic procedures.

PAX4 Antibody (internal region) - Protein Information

Name PAX4

Function

Plays an important role in the differentiation and development of pancreatic islet beta cells. Transcriptional repressor that binds to a common element in the glucagon, insulin and somatostatin promoters. Competes with PAX6 for this same promoter binding site. Isoform 2 appears to be a dominant negative form antagonizing PAX4 transcriptional activity.

Cellular Location

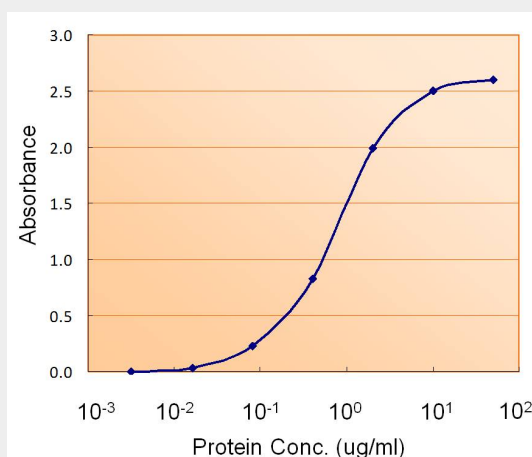
Nucleus.

PAX4 Antibody (internal region) - Protocols

Provided below are standard protocols that you may find useful for product applications.

- [Western Blot](#)
- [Blocking Peptides](#)
- [Dot Blot](#)
- [Immunohistochemistry](#)
- [Immunofluorescence](#)
- [Immunoprecipitation](#)
- [Flow Cytometry](#)
- [Cell Culture](#)

PAX4 Antibody (internal region) - Images



EB9787 (1.5ug/ml) as the reporter with EB002021 as the capture rabbit antibody (5ug/ml).



AF3081a (0.2μg/ml) staining of Mouse Pancreas lysate (35μg protein in RIPA buffer). Primary incubation was 1 hour. Detected by chemiluminescence.

PAX4 Antibody (internal region) - References

A-beta-subtype of ketosis-prone diabetes is not predominantly a monogenic diabetic syndrome.

Haaland WC, Scaduto DI, Maldonado MR, Mansouri DL, Nalini R, Iyer D, Patel S, Guthikonda A, Hampe CS, Balasubramanyam A, Metzker ML, Diabetes care 2009 May 32 (5): 873-7. PMID: 19228875