

Product datasheet for **AP12623PU-N**

ErbB 4 (ERBB4) pTyr1188 Rabbit Polyclonal Antibody

Product data:

Product Type:	Primary Antibodies
Applications:	IHC, WB
Recommended Dilution:	ELISA: 1/1,000. Western Blot: 1/100-1/500. Immunohistochemistry: 1/50-1/100.
Reactivity:	Human
Host:	Rabbit
Isotype:	Ig
Clonality:	Polyclonal
Immunogen:	This antibody is generated from rabbits immunized with a KLH conjugated synthetic phosphopeptide corresponding to amino acid residues surrounding Y1188 of human HER4.
Specificity:	This antibody detects HER4 pTyr1188.
Formulation:	PBS with 0.09% (W/V) Sodium Azide as preservative. State: Aff - Purified State: Liquid purified Ig fraction.
Concentration:	lot specific
Purification:	Protein G Affinity Chromatography. Then, the antibody fraction is peptide affinity purified in a 2-step procedure with control and phosphorylated peptides. The phospho-specific antibody is eluted with high and low pH buffers and neutralized immediately, followed by dialysis against PBS.
Conjugation:	Unconjugated
Storage:	Store the antibody undiluted at 2-8°C for one month or (in aliquots) at -20°C for longer. Avoid repeated freezing and thawing.
Stability:	Shelf life: one year from despatch.
Gene Name:	erb-b2 receptor tyrosine kinase 4
Database Link:	Entrez Gene 2066 Human Q15303



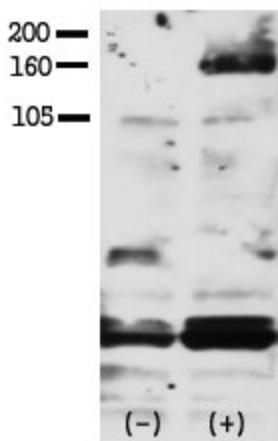
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Background: The HER4/ERBB4 gene is a member of the type I receptor tyrosine kinase subfamily that includes EGFR, ERBB2, and ERBB3. It encodes a receptor for NDF/herregulin.

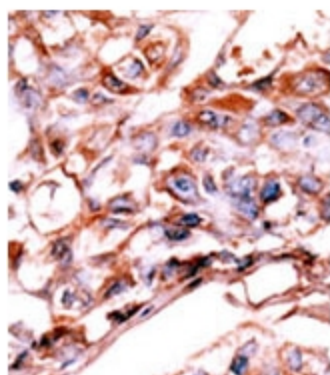
Synonyms: p180erbB4, c-ErbB-4, HER-4

Note: **Molecular weight:** 146808 Da

Product images:



Phospho-HER4-Y1188 Antibody was used to detect Phospho-HER4-Y1188 in FG pancreatic carcinoma cell line lysate. FG pancreatic carcinoma cells treated with or without EGF (50ng/ml) for 15 min PPhospho-HER4-Y1188 Antibody was used at 1:750 in 3% BSA. Data and protocol kindly provided by Dr. Weis of Cheresch Lab, UCSD.



Formalin-fixed and paraffin-embedded human cancer tissue reacted with the primary antibody, which was peroxidase-conjugated to the secondary antibody, followed by AEC staining. This data demonstrates the use of this antibody for immunohistochemistry; clinical relevance has not been evaluated.