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## **KIR5.1 Polyclonal Antibody**

Cat #: ABP53984 Size: 30µl /100µl /200µl

## **Product Information**

	Product Name: KIR5.1 Polyclonal Antibody		
	Applications: WB, IHC-P, IF, ELISA		Isotype: Rabbit IgG
	Reactivity: Human, Mouse, Rat		
REF	Catalog Number: ABP53984	LOT	Lot Number: Refer to product label
	Formulation: Liquid		Concentration: 1 mg/ml
ĵy	Storage: Store at -20°C. Avoid repeated	Λ	Note: Contain sodium azide.
1	freeze / thaw cycles.	<u>دنک</u>	

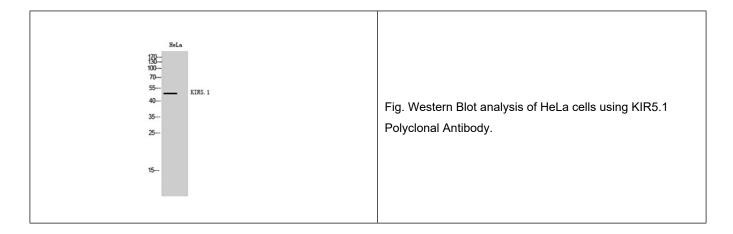
Background: Potassium channels are present in most mammalian cells, where they participate in a wide range of physiologic responses. The protein encoded by this gene is an integral membrane protein and inward-rectifier type potassium channel. The encoded protein, which tends to allow potassium to flow into rather than out of a cell, can form heterodimers with two other inward-rectifier type potassium channels. It may function in fluid and pH balance regulation. Alternatively spliced transcript variants have been found for this gene. [provided by RefSeq, Apr 2014]KCNJ16 (Potassium Voltage-Gated Channel Subfamily J Member 16) is a Protein Coding gene. Diseases associated with KCNJ16 include sesame syndrome and body dysmorphic disorder. Among its related pathways are Transmission across Chemical Synapses and Inwardly rectifying K+ channels. GO annotations related to this gene include inward rectifier potassium channel activity. An important paralog of this gene is KCNJ3. nward rectifier potassium channels are characterized by a greater tendency to allow potassium to flow into the cell rather than out of it. Their voltage dependence is regulated by the concentration of extracellular potassium; as external potassium is raised, the voltage range of the channel opening shifts to more positive voltages. The inward rectification is mainly due to the blockage of outward current by internal magnesium. KCNJ16 may be involved in the regulation of fluid and pH balance. In the kidney, together with KCNJ10, mediates basolateral K(+) recycling in distal tubules; this process is critical for Na(+) reabsorption at the tubules (PubMed: 24561201).

<u>Application Notes</u>: Optimal working dilutions should be determined experimentally by the investigator. Suggested starting dilutions are as follows: WB (1:500-1:2000), IHC-P (1:100-1:300), IF (1:200-1:1000), ELISA (1:10000). Not yet tested in other applications.

Storage Buffer: PBS containing 50% Glycerol, 0.5% BSA and 0.02% Sodium Azide.

**Storage Instructions:** Stable for one year at -20°C from date of shipment. For maximum recovery of product, centrifuge the original vial after thawing and prior to removing the cap. Aliquot to avoid repeated freezing and thawing.





**Note:** The product listed herein is for research use only and is not intended for use in human or clinical diagnosis. Suggested applications of our products are not recommendations to use our products in violation of any patent or as a license. We cannot be responsible for patent infringements or other violations that may occur with the use of this product.

