



## AVP Receptor V2 Polyclonal Antibody

Cat #: ABP55727

Size: 30µl /100µl /200µl

### Product Information

	<b>Product Name:</b> AVP Receptor V2 Polyclonal Antibody		
	<b>Applications:</b> WB, IF, ELISA		<b>Isotype:</b> Rabbit IgG
	<b>Reactivity:</b> Human		
<b>REF</b>	<b>Catalog Number:</b> ABP55727	<b>LOT</b>	<b>Lot Number:</b> Refer to product label
	<b>Formulation:</b> Liquid		<b>Concentration:</b> 1 mg/ml
	<b>Storage:</b> Store at -20°C. Avoid repeated freeze / thaw cycles.		<b>Note:</b> Contain sodium azide.

**Background:** AVPR2 (arginine vasopressin receptor 2) encodes the vasopressin receptor, type 2, also known as the V2 receptor, which belongs to the seven-transmembrane-domain G protein-coupled receptor (GPCR) superfamily, and couples to Gs thus stimulating adenylate cyclase. The subfamily that includes the V2 receptor, the V1a and V1b vasopressin receptors, the oxytocin receptor, and isotocin and mesotocin receptors in non-mammals, is well conserved, though several members signal via other G proteins. All bind similar cyclic nonapeptide hormones. The V2 receptor is expressed in the kidney tubule, predominantly in the distal convoluted tubule and collecting ducts, where its primary property is to respond to the pituitary hormone arginine vasopressin (AVP) by stimulating mechanisms that concentrate the urine and maintain water homeostasis in the organism. When the function of this gene is lost, the disease Nephrogenic Diabetes Insipidus (NDI) results. The V2 receptor is also expressed outside the kidney although its tissue localization is uncertain. When these extrarenal receptors are stimulated by infusion of a V2 selective agonist (dDAVP), a variety of clotting factors are released into the bloodstream. The physiologic importance of this property is not known - its absence does not appear to be detrimental in NDI patients. The gene expression has also been described in fetal lung tissue and lung cancer associated with alternative splicing.

**Application Notes:** Optimal working dilutions should be determined experimentally by the investigator. Suggested starting dilutions are as follows: WB (1:500-1:2000), 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.

