

DESCRIPTION

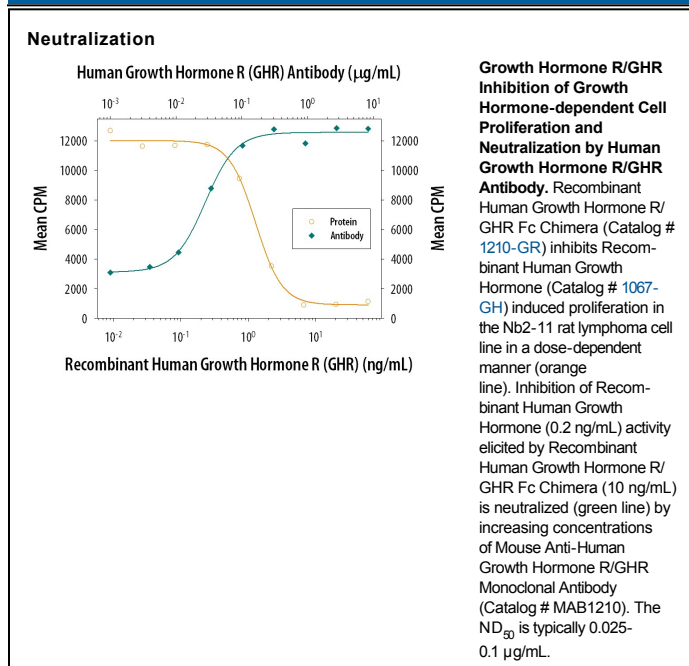
Species Reactivity	Human
Specificity	Detects human Growth Hormone R/GHR in Western blots and direct ELISAs. In Western blots, no cross-reactivity with recombinant mouse GHR or recombinant rat GHR is observed.
Source	Monoclonal Mouse IgG _{2B} Clone # 193804
Purification	Protein A or G purified from hybridoma culture supernatant
Immunogen	Mouse myeloma cell line NS0-derived recombinant human Growth Hormone R/GHR Phe19-Tyr264 Accession # P10912
Endotoxin Level	<0.10 EU per 1 µg of the antibody by the LAL method.
Formulation	Lyophilized from a 0.2 µm filtered solution in PBS with Trehalose. See Certificate of Analysis for details. *Small pack size (-SP) is supplied as a 0.2 µm filtered solution in PBS.

APPLICATIONS

Please Note: Optimal dilutions should be determined by each laboratory for each application. *General Protocols* are available in the *Technical Information* section on our website.

	Recommended Concentration	Sample
Western Blot	1 µg/mL	Recombinant Human Growth Hormone R/GHR Fc Chimera (Catalog # 1210-GR)
Neutralization		Measured by its ability to neutralize Growth Hormone R/GHR-mediated inhibition of proliferation in the Nb2-11 rat lymphoma cell line. The Neutralization Dose (ND ₅₀) is typically 0.025-0.1 µg/mL in the presence of 10 ng/mL Recombinant Human Growth Hormone R/GHR Fc Chimera and 0.2 ng/mL Recombinant Human Growth Hormone.

DATA



PREPARATION AND STORAGE

Reconstitution	Reconstitute at 0.5 mg/mL in sterile PBS.
Shipping	The product is shipped at ambient temperature. Upon receipt, store it immediately at the temperature recommended below. *Small pack size (-SP) is shipped with polar packs. Upon receipt, store it immediately at -20 to -70 °C
Stability & Storage	Use a manual defrost freezer and avoid repeated freeze-thaw cycles. <ul style="list-style-type: none"> ● 12 months from date of receipt, -20 to -70 °C as supplied. ● 1 month, 2 to 8 °C under sterile conditions after reconstitution. ● 6 months, -20 to -70 °C under sterile conditions after reconstitution.

BACKGROUND

Growth hormone (GH), also known as somatotropin, is a member of a family of growth factors that includes prolactin, placental lactogens, proliferins and somatotactin (1, 2). It is synthesized primarily by somatotropes in the anterior pituitary and is released as an endocrine hormone. Other cells and tissues, including lymphoid tissues, can also produce GH (3). GH is a pleiotropic molecule which can act directly or indirectly via IGF-I, to regulate growth and metabolism as well as enhance T cell survival and thymic functions (1, 2, 4). GH exerts its biological actions by binding to the GH receptor (GHR) that is present in many cell types (1, 2). Human GHR cDNA encodes a 638 amino acid (aa) residue type I transmembrane protein with an 18 aa putative signal peptide, a 246 aa extracellular domain, a 24 aa transmembrane domain and a 350 aa cytoplasmic domain (5). At least two alternatively spliced isoforms of human GHR, lacking the sequence encoded by exon 3, or lacking most of the cytoplasmic domain, also exist (6, 7). Soluble GH-binding proteins corresponding to extracellular domain of the transmembrane proteins can be generated from the membrane proteins (8). Ligation of GHR by GH has been shown to result in receptor dimerization and activation of the JAK/STAT signaling cascade (9). The soluble GHBP has been shown to interfere with GH signaling by competing with the transmembrane receptor of GH. Alternatively, the GHBP has also been shown to enhance GH action by slowing GH clearance (8, 10).

References:

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