Human Insulin R/CD220 Antibody

Monoclonal Mouse IgG_{2B} Clone # 243523

Catalog Number: MAB15441

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human Insulin R/CD220 in direct ELISAs and Western blots.
Source	Monoclonal Mouse IgG_{2B} Clone # 243523
Purification	Protein A or G purified from hybridoma culture supernatant
Immunogen	Mouse myeloma cell line NS0-derived recombinant human Insulin R/CD220 His28-Lys944 Accession # NP_001073285
Formulation	Lyophilized from a 0.2 μm filtered solution in PBS with Trehalose.

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 Insulin R/CD220 (Catalog # 1544-IR)

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.
Stability & Storage	**Use a manual defrost freezer and avoid repeated freeze-thaw cycles.** • 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

The Insulin Receptor (INS R) and insulin-like growth factor-1 receptor (IGF-1 R) constitute a subfamily of receptor tyrosine kinases (1-4). The two receptors share structural similarity as well as overlapping intracellular signaling events, and are believed to have evolved through gene duplication from a common ancestral gene. INS R cDNA encodes a type I transmembrane single chain preproprotein with a putative 27 amino acid residues (aa) signal peptide. The large INS R extracellular domain is organized into two successive homologous globular domains, which are separated by a Cysteine-rich domain, followed by three fibronectin type III domains. The intracellular region contains the kinase domain sandwiched between the juxtamembrane domain used for docking insulin-receptor substrates (IRS), and the carboxy-terminal tail that contains two phosphotyrosine-binding sites. After synthesis, the single chain INS R precursor is glycosylated, dimerized and transported to the Golgi apparatus where it is processed at a furin-cleavage site within the middle fibronectin type III domain to generate the mature disulfide-linked $\alpha_2\beta_2$ tetrameric receptor. The α subunit is localized extracellularly and mediates ligand binding while the transmembrane β subunit contains the cytoplasmic kinase domain and mediates intracellular signaling. As a result of alternative splicing, two INS R isoforms (A and B) that differ by the absence or presence, respectively, of a 12 aa residue sequence in the carboxyl terminus of the α subunit exist. Whereas the A isoform is predominantly expressed in fetal tissues and cancer cells, the B isoform is primarily expressed in adult differentiated cells. Both the A and B isoforms bind insulin with high-affinity, but the A isoform has considerably higher affinity for IGF-I and IGF-II. Ligand binding induces a conformational change of the receptor, resulting in ATP binding, autophosphorylation, and subsequent downstream signaling. INS R signaling is important in metabolic regulation, but may also contribute to cell growth, differentiation and apoptosis. Mutations in the INS R gene have been linked to insulin-resistant diabetes mellitus, noninsulin-dependent diabetes mellitus and leprechaunism, an extremely rare disorder characterized by abnormal resistance to insulin that results in a variety of distinguishing characteristics, including growth delays and abnormalities affecting the endocrine system. INS R is highly conserved between species, rat INS R shares 94% and 97% aa sequence homology with the human and mouse receptor, respectively.

References:

1. Nakae, J. *et al*. (2001) Endoc. Rev. **22**:818.
2. De Meyts, P. and J. Whittaker (2002) Nature Rev. Drug Disc. **1**:769.
3. Kim, J.J. and D. Accili (2002) Growth Hormone and IGF Res. **12**:84.
4. Sciacca, L. *et al*. (2003) Endocrinology **144**:2650.

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