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KIT Antibody (Ascites)

Mouse Monoclonal Antibody (Mab)
Catalog # AM2137a

Specification

KIT Antibody (Ascites) - Product Information

Application	**WB,E**
Primary Accession	P10721
Other Accession	NP_000213
Reactivity	**Human**
Host	**Mouse**
Clonality	**Monoclonal**
Isotype	**IgM**
Calculated MW	**109865**

KIT Antibody (Ascites) - Additional Information

Gene ID 3815

Other Names
Mast/stem cell growth factor receptor Kit, SCFR, Piebald trait protein, PBT, Proto-oncogene c-Kit, Tyrosine-protein kinase Kit, p145 c-kit, v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog, CD117, KIT, SCFR

Target/Specificity
Purified His-tagged KIT protein(Fragment) was used to produced this monoclonal antibody.

Dilution
WB~~1:100~16000

Format
Mouse monoclonal antibody supplied in crude ascites with 0.09% (W/V) sodium azide.

Storage
Maintain refrigerated at 2-8°C for up to 2 weeks. For long term storage store at -20°C in small aliquots to prevent freeze-thaw cycles.

Precautions
KIT Antibody (Ascites) is for research use only and not for use in diagnostic or therapeutic procedures.

KIT Antibody (Ascites) - Protein Information

Name KIT

Synonyms SCFR

Function Tyrosine-protein kinase that acts as a cell-surface receptor for the cytokine KITLG/SCF

and plays an essential role in the regulation of cell survival and proliferation, hematopoiesis, stem cell maintenance, gametogenesis, mast cell development, migration and function, and in melanogenesis. In response to KITLG/SCF binding, KIT can activate several signaling pathways. Phosphorylates PIK3R1, PLCG1, SH2B2/APS and CBL. Activates the AKT1 signaling pathway by phosphorylation of PIK3R1, the regulatory subunit of phosphatidylinositol 3-kinase. Activated KIT also transmits signals via GRB2 and activation of RAS, RAF1 and the MAP kinases MAPK1/ERK2 and/or MAPK3/ERK1. Promotes activation of STAT family members STAT1, STAT3, STAT5A and STAT5B. Activation of PLCG1 leads to the production of the cellular signaling molecules diacylglycerol and inositol 1,4,5- trisphosphate. KIT signaling is modulated by protein phosphatases, and by rapid internalization and degradation of the receptor. Activated KIT promotes phosphorylation of the protein phosphatases PTPN6/SHP-1 and PTPRU, and of the transcription factors STAT1, STAT3, STAT5A and STAT5B. Promotes phosphorylation of PIK3R1, CBL, CRK (isoform Crk-II), LYN, MAPK1/ERK2 and/or MAPK3/ERK1, PLCG1, SRC and SHC1.

Cellular Location
[Isoform 1]: Cell membrane; Single-pass type I membrane protein [Isoform 3]: Cytoplasm. Note=Detected in the cytoplasm of spermatozoa, especially in the equatorial and subacrosomal region of the sperm head.

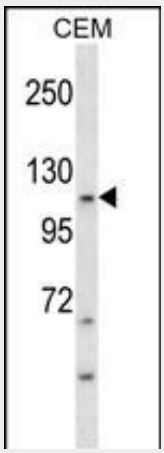
Tissue Location
[Isoform 3]: In testis, detected in spermatogonia in the basal layer and in interstitial Leydig cells but not in Sertoli cells or spermatocytes inside the seminiferous tubules (at protein level) (PubMed:20601678). Expression is maintained in ejaculated spermatozoa (at protein level) (PubMed:20601678)

KIT Antibody (Ascites) - Protocols

Provided below are standard protocols that you may find useful for product applications.

- Western Blot
- Blocking Peptides
- Dot Blot
- Immunohistochemistry
- Immunofluorescence
- Immunoprecipitation
- Flow Cytomety
- Cell Culture

KIT Antibody (Ascites) - Images



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KIT Antibody(Ascites)(Cat. #AM2137a) western blot analysis in CEM cell line lysates (35µg/lane).This demonstrates the KIT antibody detected the KIT protein (arrow).

KIT Antibody (Ascites) - Background

This gene encodes the human homolog of the proto-oncogene c-kit. C-kit was first identified as the cellular homolog of the feline sarcoma viral oncogene v-kit. This protein is a type 3 transmembrane receptor for MGF (mast cell growth factor, also known as stem cell factor). Mutations in this gene are associated with gastrointestinal stromal tumors, mast cell disease, acute myelogenous lukemia, and piebaldism. Multiple transcript variants encoding different isoforms have been found for this gene.

KIT Antibody (Ascites) - References

Molderings, G.J., et al. Immunogenetics 62 (11-12), 721-727 (2010) :
Cheng, M., et al. Circ. Res. 107(9):1083-1093(2010)
Chi, P., et al. Nature 467(7317):849-853(2010)
Rossi, S., et al. Am. J. Surg. Pathol. 34(10):1480-1491(2010)
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