

Product name:	PPAR- γ (phospho Ser112) Rabbit Polyclonal Antibody
Cat number:	ABN05296
Conjugate:	Unconjugated
Size:	100 μ L
Clone:	Polyclonal
Concentration:	1mg/ml
Host:	Rabbit
Isotype:	IgG
Immunogen:	The antiserum was produced against synthesized peptide derived from human PPAR-gamma around the phosphorylation site of Ser112. AA range:78-127
Reactivity:	Human,Mouse,Rat
Applications:	WB 1:500-1:2000,ELISA 1:5000-1:20000
Molecular Weight:	60kDa
Purification:	Affinity purification
Form:	Liquid
Buffer:	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% New type preservative N.
Storage:	Store at 4°C short term. Aliquot and store at -20°C for 12 months. Avoid freeze/thaw cycles.

Background:

peroxisome proliferator activated receptor gamma(PPARG) Homo sapiens This gene encodes a member of the peroxisome proliferator-activated receptor (PPAR) subfamily of nuclear receptors. PPARs form heterodimers with retinoid X receptors (RXRs) and these heterodimers regulate transcription of various genes. Three subtypes of PPARs are known: PPAR-alpha, PPAR-delta, and PPAR-gamma. The protein encoded by this gene is PPAR-gamma and is a regulator of adipocyte differentiation. Additionally, PPAR-gamma has been implicated in the pathology of numerous diseases including obesity, diabetes, atherosclerosis and cancer. Alternatively spliced transcript variants that encode different isoforms have been described. [provided by RefSeq, Jul 2008],alternative products:Additional isoforms seem to exist,disease:Defects in PPARG are the cause of familial partial lipodystrophy type 3 (FPLD3) [MIM:604367]. Familial partial lipodystrophies (FPLD) are a heterogeneous group of genetic disorders characterized by marked loss of subcutaneous (sc) fat from the extremities. Affected individuals show an increased preponderance of insulin resistance, diabetes mellitus and dyslipidemia.,disease:Defects in PPARG can lead to type 2 insulin-resistant diabetes and hypertension.,disease:Defects in PPARG may be associated with colon cancer.,disease:Defects in PPARG may be associated with susceptibility to obesity [MIM:601665].,disease:Variation in PPARG is associated with carotid intimal medial thickness 1 (CIMT1) [MIM:609338]. CIMT is a measure of atherosclerosis that is independently associated with traditional atherosclerotic cardiovascular disease risk factors and coronary atherosclerotic burden. 35 to 45% of the variability in multivariable-adjusted CIMT is explained by genetic factors.,function:Receptor that binds peroxisome proliferators such as hypolipidemic drugs and fatty acids. Once activated by a ligand, the receptor binds to a promoter element in the gene for acyl-CoA oxidase and activates its transcription. It therefore controls the peroxisomal beta-oxidation pathway of fatty acids. Key regulator of adipocyte differentiation and glucose homeostasis.,online information:Peroxisome proliferator-activated receptor entry,online information:The Singapore human mutation and polymorphism database,polymorphism:Genetic variation in PPARG may influence body mass index (BMI) [MIM:606641]. BMI reflects the amount of fat, lean mass, and body build.,similarity:Belongs to the nuclear hormone receptor family.,similarity:Belongs to the nuclear hormone receptor family. NR1 subfamily.,similarity:Contains 1 nuclear receptor DNA-binding domain.,subunit:Forms a heterodimer with the retinoic acid receptor RXRA called adipocyte-specific transcription factor ARF6. Interacts with NCOA6 coactivator, leading to a strong increase in transcription of target genes. Interacts with coactivator PPARBP, leading to a mild increase in transcription of target genes. Interacts with FAM120B (By similarity). Interacts with NOCA7 in a ligand-inducible manner. Interacts with NCOA1 LXXLL motifs. Interacts with TGFB1I1. Interacts with DNTTIP2.,tissue specificity:Highest expression in adipose tissue. Lower in skeletal muscle, spleen, heart and liver. Also detectable in placenta, lung and ovary.,