



# SZABO SCANDIC

Part of Europa Biosite

## Produktinformation



Forschungsprodukte & Biochemikalien



Zellkultur & Verbrauchsmaterial



Diagnostik & molekulare Diagnostik



Laborgeräte & Service

Weitere Information auf den folgenden Seiten!  
See the following pages for more information!



### Lieferung & Zahlungsart

siehe unsere [Liefer- und Versandbedingungen](#)

### Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

### SZABO-SCANDIC HandelsgmbH

Quellenstraße 110, A-1100 Wien

T. +43(0)1 489 3961-0

F. +43(0)1 489 3961-7

[mail@szabo-scandic.com](mailto:mail@szabo-scandic.com)

[www.szabo-scandic.com](http://www.szabo-scandic.com)

[linkedin.com/company/szaboscandic](https://www.linkedin.com/company/szaboscandic) 

# PRODUCT INFORMATION



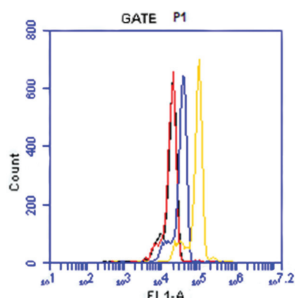
## TP Receptor (human) Polyclonal FITC Antibody

Item No. 10012559

### Overview and Properties

<b>Contents:</b>	This vial contains 100 µl of fluorescein-labeled, peptide affinity-purified polyclonal antibody.
<b>Synonyms:</b>	Thromboxane A <sub>2</sub> Receptor, TXA <sub>2</sub> Receptor
<b>Immunogen:</b>	Synthetic peptide from the C-terminal region of human TP receptor
<b>Species Reactivity:</b>	(+) Human, African green monkey, mouse, and rat; other species not tested
<b>Uniprot No.:</b>	P21731
<b>Form:</b>	Liquid
<b>Storage:</b>	-20°C (as supplied)
<b>Stability:</b>	≥1 year
<b>Storage Buffer:</b>	PBS, pH 7.2, with 50% glycerol and 0.02% sodium azide
<b>Host:</b>	Rabbit
<b>Application:</b>	Flow cytometry (FC); the recommended starting dilution is 1:200 (5 µl per test). Other applications were not tested, therefore optimal working concentration/dilution should be determined empirically.

### Image



- Black:** Blank
- Red:** Normal Rabbit IgG-FITC (0.01 µg/ml) in HepG2 cells
- Blue:** TP Receptor (human) Polyclonal FITC Antibody (1 µg/ml) in HepG2 cells
- Yellow:** TP Receptor (human) Polyclonal FITC Antibody (5 µg/ml) in HepG2 cells

WARNING  
THIS PRODUCT IS FOR RESEARCH ONLY - NOT FOR HUMAN OR VETERINARY DIAGNOSTIC OR THERAPEUTIC USE.

SAFETY DATA  
This material should be considered hazardous until further information becomes available. Do not ingest, inhale, get in eyes, on skin, or on clothing. Wash thoroughly after handling. Before use, the user must review the complete Safety Data Sheet, which has been sent via email to your institution.

WARRANTY AND LIMITATION OF REMEDY  
Buyer agrees to purchase the material subject to Cayman's Terms and Conditions. Complete Terms and Conditions including Warranty and Limitation of Liability information can be found on our website.

Copyright Cayman Chemical Company, 07/05/2023

CAYMAN CHEMICAL  
1180 EAST ELLSWORTH RD  
ANN ARBOR, MI 48108 · USA  
PHONE: [800] 364-9897  
[734] 971-3335  
FAX: [734] 971-3640  
CUSTSERV@CAYMANCHEM.COM  
WWW.CAYMANCHEM.COM

# PRODUCT INFORMATION



## Description

---

Thromboxane A<sub>2</sub> (TXA<sub>2</sub>) is a potent vasoconstrictor and activator of platelet aggregation. The short half-life of TXA<sub>2</sub> ensures local action whether generated by vascular endothelial cells or by platelets and confers physiologically beneficial or deleterious effects under inflammatory situations.<sup>1,2</sup> TXA<sub>2</sub> elicits its effects via a 7-transmembrane domain G protein-coupled receptor, the TP receptor.<sup>3</sup> This receptor can also bind prostaglandin H<sub>2</sub> and isoprostanes and was first cloned from human placenta and the platelet-like MEG-01 cell line.<sup>4,5</sup> The TP receptor is highly expressed in platelets and is relatively less abundant in tissues such as lung, kidney, brain, spleen, thymus, monocytes, uterus, and placenta.<sup>6-11</sup>

## References

---

1. Cadroy, Y. and Harker, L.A. Platelets, thrombosis, and antithrombotic therapies, in *Cardiovascular Pharmacology*. Antonaccio, M., editor, 3rd ed., Raven Press, Ltd., New York, 515-539 (1990).
2. Dogné, J.-M., de Leval, X., Benoit, P., et al. Therapeutic potential of thromboxane inhibitors in asthma. *Expert Opin. Investig. Drugs* **11**(2), 1-8 (2003).
3. Ellis, E.F., Oelz, O., Roberts, L.J., II, et al. Coronary arterial smooth muscle contraction by a substance released from platelets: Evidence that it is thromboxane A<sub>2</sub>. *Science* **193**, 1135-1137 (1976).
4. Janssen, L.J. and Tazzeo, T. Involvement of TP and EP<sub>3</sub> receptors in vasoconstrictor responses to isoprostanes in pulmonary vasculature. *J. Pharmacol. Exp. Ther.* **301**(3), 1060-1066 (2002).
5. Armstrong, R.A. Platelet Prostanoid Receptors. *Pharmacotherapy* **72**, 171-191 (1996).
6. Namba, T., Sugimoto, Y., Hirata, M., et al. Mouse thromboxane A<sub>2</sub> receptor: cDNA cloning, expression and Northern blot analysis. *Biochem. Biophys. Res. Commun.* **184**, 1197-1203 (1992).
7. Båtshake, B., Nilsson, C., and Sundelin, J. Structure and expression of the murine thromboxane A<sub>2</sub> receptor gene. *Biochem. Biophys. Res. Commun.* **256**, 391-397 (1999).
8. Mais, D.E., True, T.A., and Martinelli, M.J. Characterization by photoaffinity labelling of the human platelet thromboxane A<sub>2</sub>/prostaglandin H<sub>2</sub> receptor: Evidence for N-linked glycosylation. *Eur. J. Pharmacol.* **227**, 267-274 (1992).
9. Takahashi, N., Takeuchi, K., Abe, T., et al. Immunolocalization of rat thromboxane receptor in the kidney. *Endocrinology* **137**, 5170-5173 (1996).
10. Wang, G.-R., Zhu, Y., Halushka, P.V., et al. Mechanism of platelet inhibition by nitric oxide: *In vivo* phosphorylation of thromboxane receptor by cyclic GMP-dependent protein kinase. *Proc. Natl. Acad. Sci. USA* **95**, 4888-4893 (1998).
11. Habib, A., Fitzgerald, G.A., and Maclouf, J. Phosphorylation of the thromboxane receptor a, the predominant isoform expressed in human platelets. *J. Biol. Chem.* **274**, 2645-2651 (1999).

CAYMAN CHEMICAL  
1180 EAST ELLSWORTH RD  
ANN ARBOR, MI 48108 · USA  
PHONE: [800] 364-9897  
[734] 971-3335  
FAX: [734] 971-3640  
CUSTSERV@CAYMANCHEM.COM  
WWW.CAYMANCHEM.COM