

Rabbit Anti-Insulin Receptor Beta antibody

SL0290R

Product Name Insulin Receptor Beta

Chinese Name 胰岛素受体 β 抗体

Alias CD 220; CD220; CD220 antigen; HHF 5; HHF5; HIR B; INSR; INSR; Insulin receptor; Insulin receptor beta; IR; INSR_HUMAN.

Research Area Neurobiology Signal transduction Apoptosis Kinases and Phosphatases Diabetes Endocrinopath

Immunogen Species Rabbit

Clonality Polyclonal

React Species Human, (predicted: Mouse, Rat,)

Applications WB=1:500-2000,IHC-P=1:100-500,IHC-F=1:100-500,ICC/IF=1:100-500,IF=1:100-500,Flow-Cytometry
(Paraffin sections need antigen repair)
not yet tested in other applications.
optimal dilutions/concentrations should be determined by the end user.

Theoretical molecular weight 68/152kDa

Cellular localization The cell membrane

Form Liquid

Concentration 1mg/ml

immunogen KLH conjugated synthetic peptide derived from human Insulin Receptor Beta: 1001-1100/1382

Lsotype IgG

Purification affinity purified by Protein A

Buffer Solution 1M TBS(pH7.4) with 1% BSA, 3% Proclin300 and 50% Glycerol.

Storage Shipped at 4°C. Store at -20 °C for one year. Avoid repeated freeze/thaw cycles.

Attention This product as supplied is intended for research use only, not for use in human, therapeutic or diagnostic applications.

PubMed [PubMed](#)

Product The human insulin receptor is a heterotetrameric membrane glycoprotein consisting of disulfide linked

Detail

in a beta-alpha-alpha-beta configuration. The beta subunit (95 kDa) possesses a single transmembrane domain, whereas the alpha subunit (135 kDa) is completely extracellular. The insulin receptor exhibits receptor tyrosine kinase (RTK) activity. RTKs are single pass transmembrane receptors that possess intrinsic cytoplasmic enzymatic activity, catalyzing the transfer of the gamma phosphate of ATP to tyrosine residues on intracellular substrates. RTKs are essential components of signal transduction pathways that affect cell proliferation, differentiation, migration and metabolism.

Included in this large protein family are the insulin receptor and the receptors for growth factors such as epidermal growth factor, fibroblast growth factor and vascular endothelial growth factor. Receptor activation occurs through ligand binding, which facilitates receptor dimerization and autophosphorylation of tyrosine residues in the cytoplasmic portion. The interaction of insulin with the alpha subunit of the insulin receptor activates the protein tyrosine kinase of the beta subunit, which then undergoes an autophosphorylation that increases its tyrosine kinase activity. Three adapter proteins, IRS1, IRS2 and Shc, become phosphorylated on tyrosine residues following insulin receptor activation. These three phosphorylated proteins then interact with SH2 domain containing signaling proteins.

Function:

Receptor tyrosine kinase which mediates the pleiotropic actions of insulin. Binding of insulin leads to the phosphorylation of several intracellular substrates, including, insulin receptor substrates (IRS1, 2), GAB1, CBL and other signaling intermediates. Each of these phosphorylated proteins serve as docking sites for other signaling proteins that contain Src-homology-2 domains (SH2 domain) that specifically recognize different phosphotyrosines residues, including the p85 regulatory subunit of PI3K and SHP2. Phosphorylation of IRSs proteins lead to the activation of two main signaling pathways: the PI3K-AKT/PKB pathway, which is responsible for most of the metabolic actions of insulin, and the Ras-MAPK pathway, which regulates the expression of some genes and cooperates with the PI3K pathway to control cell growth and differentiation. Binding of the SH2 domains of PI3K to phosphotyrosines on IRS1 leads to the activation of PI3K, resulting in the generation of phosphatidylinositol-(3, 4, 5)-triphosphate (PIP3), a lipid second messenger, which activates several PIP3-dependent serine/threonine kinases, such as PDK1 and subsequently AKT/PKB. The primary function of this pathway is to produce a translocation of the glucose transporter SLC2A4/GLUT4 from cytoplasm to the cell membrane to facilitate glucose transport. Moreover, upon insulin stimulation, activated PI3K is responsible for: anti-apoptotic effect of insulin by inducing phosphorylation of BAD; regulates the expression of gluconeogenic and lipogenic enzymes by controlling the activity of the winged helix or forkhead transcription factors. Another pathway regulated by PI3K-AKT/PKB activation is mTORC1 signaling pathway, which regulates cell growth and metabolism and integrates signals from insulin. AKT mediates insulin-stimulated protein synthesis by phosphorylating TSC2 thereby activating mTORC1 pathway. The Ras/RAF/MAP2K/MAPK pathway is mainly involved in mediating cell growth, survival and differentiation of insulin. Phosphorylated IRS1 recruits GRB2/SOS complex, which triggers the activation of the Ras/RAF/MAP2K/MAPK pathway. In addition to binding insulin, the insulin receptor can also bind to other growth factors (IGFI and IGFI). Isoform Short has a higher affinity for IGFI binding. When present as a heterodimeric receptor with IGFI1R, binds IGFI1. PubMed:12138094 shows that hybrid receptors composed of IGFI1R and INSR isoform Long are activated with a high affinity by IGFI1, with low affinity by IGFI2 and not activated by insulin, and that hybrid receptors composed of IGFI1R and INSR isoform Short are activated by IGFI1, IGFI2 and insulin. In contrast, PubMed:16831875 shows that hybrid receptors composed of IGFI1R and INSR isoform Long and hybrid receptors composed of IGFI1R and INSR isoform Short have similar characteristics, both bind IGFI1 and have a low affinity for insulin.

Subunit:

Tetramer of 2 alpha and 2 beta chains linked by disulfide bonds. The alpha chains contribute to the ligand-binding domain, while the beta chains carry the kinase domain. Forms a hybrid receptor; the hybrid is a tetramer consisting of 1 alpha chain and 1 beta chain of INSR and 1 alpha chain and 1 beta chain of IGF1R. Interacts with SORBS1 but dissociates from it following insulin stimulation. Binds SHC1. Activated form of INSR interacts (via Tyr-999) with the PTB/PID domains of IRS1 and SHC1. The residues surrounding the phosphorylated NPXY motif contribute differentially to either IRS1 or SHC1 recruitment. Interacts (via tyrosines in the C-terminus) with IRS2 (via PTB domain and 591-786 AA); the 591-786 AA is the primary anchor of IRS2 to INSR while the PTB domain would have a stabilizing action on the interaction with INSR. Interacts with the SH2 domains of the 85 kDa regulatory subunit of PI3K (PIK3R1) which is also autophosphorylated on tyrosine residues. Interacts with SOCS7. Interacts (via the phosphorylated tyrosines) with SOCS3. Interacts (via the phosphorylated Tyr-1185, Tyr-1189, Tyr-1190) with SOCS1. Interacts with CAV2 (tyrosine-phosphorylated form); the interaction is increased with 'Tyr-27' phosphorylation (by similarity). Interacts with ARRB2 (By similarity). Interacts with GRB10; this interaction blocks the interaction between IRS1/IRS2 and INSR, significantly reduces insulin-stimulated tyrosine phosphorylation of IRS2 and thus decreases insulin signaling. Interacts with GRB7 (By similarity). Interacts with PDGFRA (via Tyr-1190) with GRB14 (via BPS domain); this interaction protects the tyrosines in the activated receptor from dephosphorylation, but promotes dephosphorylation of Tyr-999, this results in decreased interaction and tyrosine phosphorylation of IRS1. Interacts (via subunit alpha) with ENPP1 (via 485-599 AA); this interaction inhibits autophosphorylation. Interacts with PTPRE; this interaction is dependent of Tyr-1185, Tyr-1189, and Tyr-1190 of the INSR. Interacts with STAT5B (via SH2 domain). Interacts with PTPRF.

Subcellular Location:

Membrane; Single-pass type I membrane protein.

Tissue Specificity:

Isoform Long and isoform Short are predominantly expressed in tissue targets of insulin metabolism including adipose tissue and skeletal muscle but are also expressed in the peripheral nerve, kidney, pulmonary artery, pancreatic acini, placenta vascular endothelium, fibroblasts, monocytes, granulocytes, erythrocytes, and platelets. Isoform Short is preferentially expressed in fetal cells such as fetal fibroblasts, muscle, liver and spleen. Acts as a hybrid receptor with IGF1R in muscle, heart, kidney, adipose tissue, skeletal muscle, hepatoma, spleen and placenta (at protein level). Overexpressed in several tumors, including breast, colon, lung, and thyroid carcinomas.

Post-translational modifications:

After being transported from the endoplasmic reticulum to the Golgi apparatus, the single glycosylated precursor is further glycosylated and then cleaved, followed by its transport to the plasma membrane. Autophosphorylated on tyrosine residues in response to insulin. Phosphorylation of Tyr-999 is required for IRS1-, SHC1-, and STAT5B-binding. Dephosphorylated by PTPRE on Tyr-999, Tyr-1185, Tyr-1189, and Tyr-1190 residues. Dephosphorylated by PTPRF.

DISEASE:

Defects in INSR are the cause of Rabson-Mendenhall syndrome (RMS) [MIM:262190]; also known as

Mendenhall syndrome. RMS is a severe insulin resistance syndrome characterized by insulin-resistant diabetes mellitus with pineal hyperplasia and somatic abnormalities. Typical features include coarse, senile facies, dental and skin abnormalities, abdominal distension, and phallic enlargement. Inheritance is autosomal recessive.

Defects in INSR are the cause of leprechaunism (LEPRCH) [MIM:246200]; also known as Donohue syndrome. Leprechaunism represents the most severe form of insulin resistance syndrome, characterized by severe growth retardation and postnatal growth retardation and death in early infancy. Inheritance is autosomal recessive.

Defects in INSR may be associated with noninsulin-dependent diabetes mellitus (NIDDM) [MIM:259670], also known as diabetes mellitus type 2.

Defects in INSR are the cause of familial hyperinsulinemic hypoglycemia type 5 (HHF5) [MIM:256450]. Familial hyperinsulinemic hypoglycemia [MIM:256450], also referred to as congenital hyperinsulinism, nesidioblastosis, or persistent hyperinsulinemic hypoglycemia of infancy (PPHI), is the most common cause of persistent hypoglycemia in infancy and is due to defective negative feedback regulation of insulin secretion, resulting in low glucose levels.

Defects in INSR are the cause of insulin-resistant diabetes mellitus with acanthosis nigricans type 1 (INSR1) [MIM:610549]. This syndrome is characterized by the association of severe insulin resistance (with marked hyperinsulinemia and a failure to respond to exogenous insulin) with the skin lesion acanthosis nigricans and ovarian hyperandrogenism in adolescent female subjects. Women frequently present with hirsutism, acne, amenorrhea or oligomenorrhea, and virilization. This syndrome is different from insulin resistance with acanthosis nigricans, which has been demonstrated to be secondary to the presence of circulating autoantibodies against the insulin receptor.

Similarity:

Belongs to the protein kinase superfamily. Tyr protein kinase family. Insulin receptor subfamily.

Contains 3 fibronectin type-III domains.

Contains 1 protein kinase domain.

SWISS:

P06213

Gene ID:

3643

Database links:

[Entrez Gene: 3643](#) Human

[Entrez Gene: 16337](#) Mouse

[Entrez Gene: 24954](#) Rat

[Entrez Gene: 484990](#) Dog

[Omim: 147670](#) Human

[SwissProt: P06213](#) Human

[SwissProt: P15208](#) Mouse

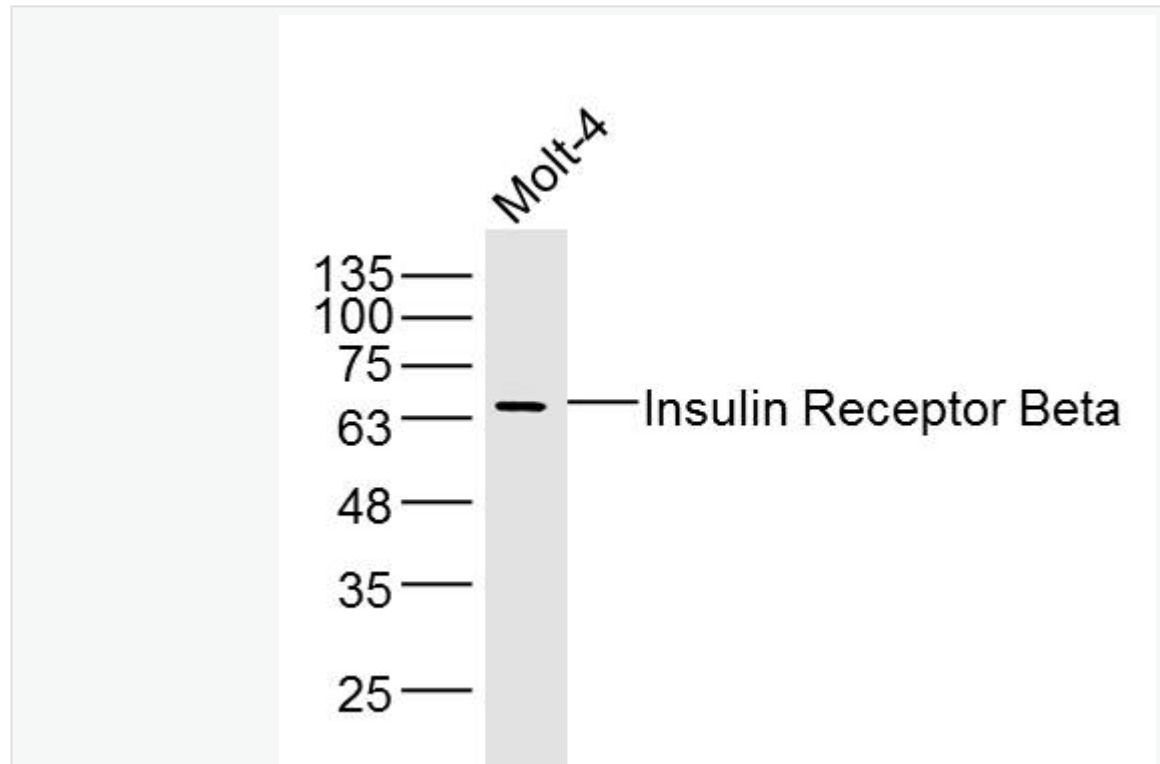
[SwissProt: P15127](#) Rat

[Unigene: 465744](#) Human

[Unigene: 9876](#) Rat

胰岛素受体是一个四聚体，由两个 α 亚基和两个 β 亚基通过二硫键连接。两个 α 亚基位于外侧，其上有胰岛素的结合位点；两个 β 亚基是 Transmembrane protein，起 Signal transduction 作用。无胰岛素结合时，受体的酪氨酸蛋白激酶没有活性。当胰岛素与受体的 α 亚基结合并改变其构型后，酪氨酸蛋白激酶才被激活，激活后可催化两个反应：①使四聚体复合物中 β 亚基的酪氨酸残基磷酸化,这种过程称为自我磷酸化 (autophosphorylation)；②将胰岛素受体底物 (receptor substrate, IRSs)上具有重要作用的十几个酪氨酸残基磷酸化，磷酸化的 IRSs 能够介导下游效应物。

Product
Picture



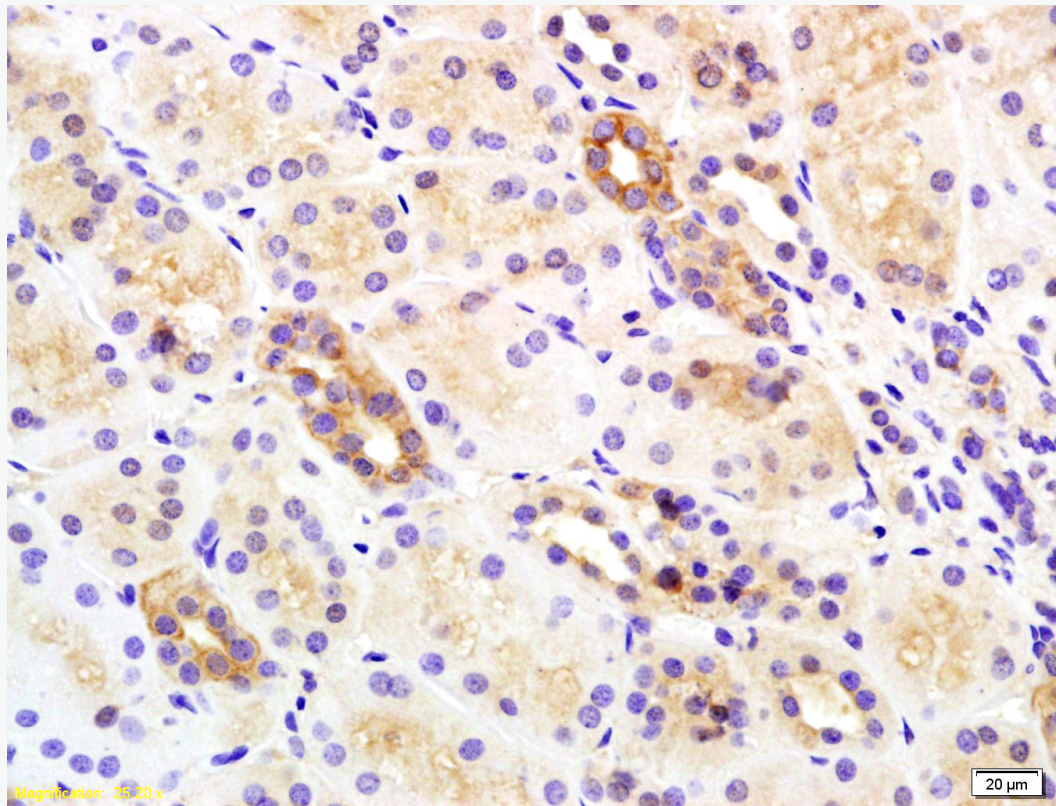
Sample:Molt-4 Cell (Human) Lysate at 40 ug

Primary: Anti- Insulin Receptor Beta (SL0290R) at 1/300 dilution

Secondary: IRDye800CW Goat Anti-Rabbit IgG at 1/20000 dilution

Predicted band size: 68 kD

Observed band size: 68 kD



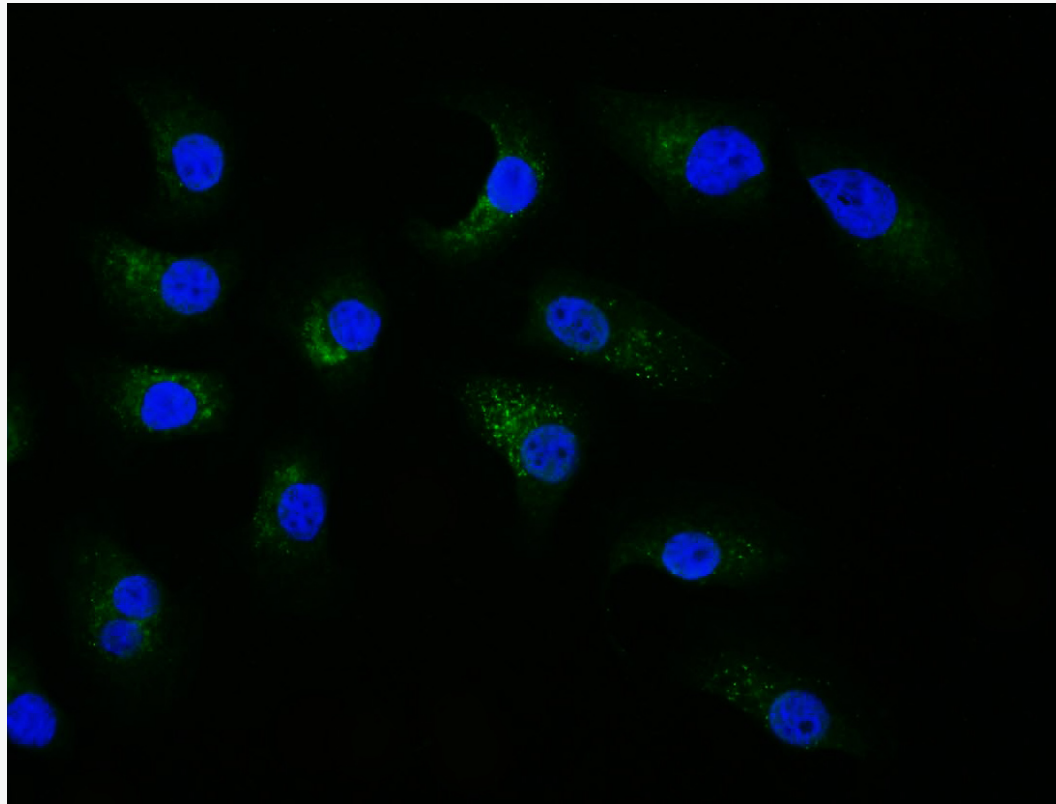
Tissue/cell: human kidney carcinoma; 4% Paraformaldehyde-fixed and paraffin-embedded;

Antigen retrieval: citrate buffer (1M, pH 6.0), Boiling bathing for 15min; Block endogenous p

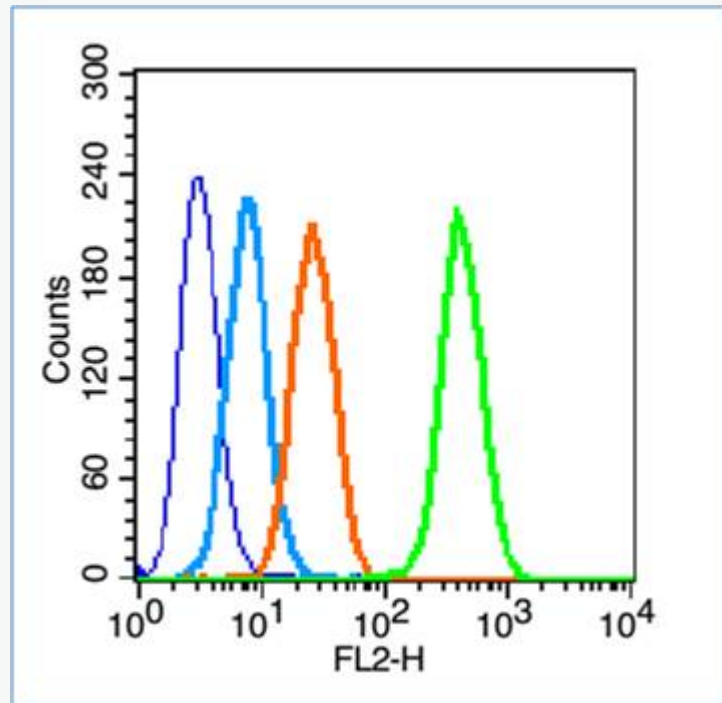
3% Hydrogen peroxide for 30min; Blocking buffer (normal goat serum,C-0005) at 37°C for 2

Incubation: Anti-Insulin Receptor Beta Polyclonal Antibody, Unconjugated(SL0290R) 1:200,

4°C, followed by conjugation to the secondary antibody(SP-0023) and DAB(C-0010) staining



HepG2 cell; 4% Paraformaldehyde-fixed; Triton X-100 at room temperature for 20 min; Block (normal goat serum, C-0005) at 37°C for 20 min; Antibody incubation with (Insulin Receptor polyclonal Antibody, Unconjugated (SL0290R) 1:100, 90 minutes at 37°C; followed by a con Anti-Rabbit IgG antibody at 37°C for 90 minutes, DAPI (blue, C02-04002) was used to stain th



Blank control (blue line): HL60(blue).

Primary Antibody (green line): Rabbit Anti-Insulin Receptor alpha antibody (SL0290R)

Dilution: 0.2 μ g /10⁶ cells;

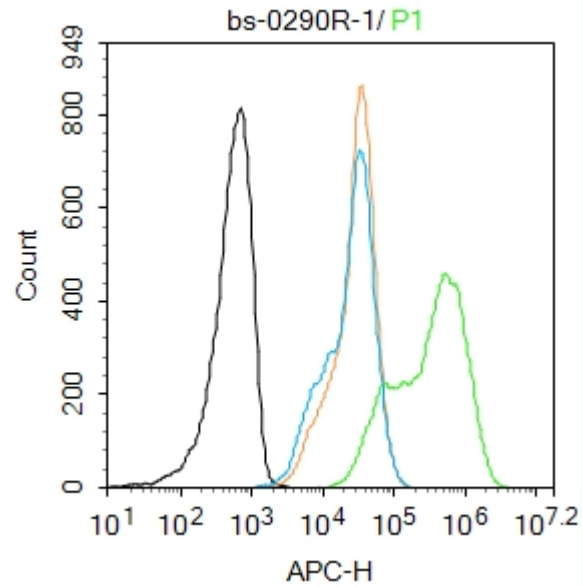
Isotype Control Antibody (orange line): Rabbit IgG .

Secondary Antibody (white blue line): Goat anti-rabbit IgG-PE

Dilution: 1 μ g /test.

Protocol

The cells were fixed with 70% ethanol Overnight at 4°C. Cells stained with Primary Antibody room temperature. The cells were then incubated in 1 X PBS/2%BSA/10% goat serum to block protein-protein interactions followed by the antibody for 15 min at room temperature. The secondary antibody used for 40 min at room temperature. Acquisition of 20,000 events was performed.



Blank control:Molt4.

Primary Antibody (green line): Rabbit Anti-Insulin Receptor Beta antibody (SL0290R)

Dilution: 1 μ g /10⁶ cells;

Isotype Control Antibody (orange line): Rabbit IgG .

Secondary Antibody : Goat anti-rabbit IgG-AF647

Dilution: 1 μ g /test.

Protocol

The cells were fixed with 4% PFA (10min at room temperature)and then permeabilized with 0.1% Triton X-100 for 20 min at room temperature. The cells were then incubated in 5%BSA to block non-specific protein-protein interactions for 30 min at room temperature .Cells stained with Primary Antibody for 30 min at room temperature. The secondary antibody used for 40 min at room temperature. Acquisition of 20,000 cells was performed.