

PAX4 Antibody (Center) Blocking Peptide
Synthetic peptide
Catalog # BP6690c**Specification**

PAX4 Antibody (Center) Blocking Peptide - Product Information

Primary Accession [O43316](#)

PAX4 Antibody (Center) Blocking Peptide - Additional Information**Other Names**

Paired box protein Pax-4, PAX4

Target/Specificity

The synthetic peptide sequence used to generate the antibody [AP6690c](/products/AP6690c) was selected from the Center region of human PAX4. A 10 to 100 fold molar excess to antibody is recommended. Precise conditions should be optimized for a particular assay.

Format

Peptides are lyophilized in a solid powder format. Peptides can be reconstituted in solution using the appropriate buffer as needed.

Storage

Maintain refrigerated at 2-8°C for up to 6 months. For long term storage store at -20°C.

Precautions

This product is for research use only. Not for use in diagnostic or therapeutic procedures.

PAX4 Antibody (Center) Blocking Peptide - Protein Information

Name PAX4

Function

Plays an important role in the differentiation and development of pancreatic islet beta cells. Transcriptional repressor that binds to a common element in the glucagon, insulin and somatostatin promoters. Competes with PAX6 for this same promoter binding site. Isoform 2 appears to be a dominant negative form antagonizing PAX4 transcriptional activity.

Cellular Location

Nucleus.

PAX4 Antibody (Center) Blocking Peptide - Protocols

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

- [Blocking Peptides](#)

PAX4 Antibody (Center) Blocking Peptide - Images

PAX4 Antibody (Center) Blocking Peptide - Background

PAX4 is a member of the paired box (PAX) family of transcription factors. These proteins play critical roles during fetal development and cancer growth. The paired box 4 gene is involved in pancreatic islet development and mouse studies have demonstrated a role for this gene in differentiation of insulin-producing beta cells.

PAX4 Antibody (Center) Blocking Peptide - References

Hata,S., Int. J. Oncol. 33 (5), 1065-1071 (2008)Zhang,Y., Diabetes Res. Clin. Pract. 81 (3), 365-369 (2008)