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Datasheet for ABIN4986880 Glucagon ELISA Kit

Image



Overview

Quantity:	96 tests
Target:	Glucagon (GCG)
Reactivity:	Human
Method Type:	Sandwich ELISA
Detection Range:	31.25-2000 pg/mL
Minimum Detection Limit:	31.25 pg/mL
Application:	ELISA

Product Details

Sample Type:	Cell Culture Supernatant, Serum, Plasma (heparin), Plasma (citrate), Plasma (EDTA)
Analytical Method:	Quantitative
Detection Method:	Colorimetric
Specificity:	Natural and recombinant Glucagon Ligand
Sensitivity:	7 pg/mL
Material not included:	Microplate reader.Pipettes and pipette tips.EP tube Deionized or distilled water.

Target Details

Target:

Glucagon (GCG)

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Background:	Glucagon is a 29 amino acid (aa) peptide produced by the pancreas that plays a critical role in glucose metabolism and homeostasis (1-4). The Glucagon precursor mRNA is expressed by alpha cells (a-cells) of the pancreas, L cells of the intestine, and in the brain (1, 2). Only the pancreatic a-cells express the prohormone convertase PC2, also called PCSK2, which is required to produce Glucagon (2). Intestinal L cells instead express the prohormone convertae PC1, which processes the precursor to the Glucagon-overlapping peptides glicentin and oxyntomodulin. L cells also produce two Glucagon-like peptides, GLP-1 and GLP-2 that are derived from the same Glucagon precursor and influence glucose metabolism, but do not sha any common sequence with Glucagon (1, 2). The aa sequence of the mature Glucagon peptide is identical in human, mouse, rat, pig, dog, horse, cow, sheep, and Xenopus.In normal metabolism, Glucagon is secreted in response to low blood glucose (hypoglycemia) and downregulated in response to high blood glucose (hyperglycemia). Although Glucagon bindin sites are found in liver, brain, pancreas, kidney, intestine, and adipose tissue, the main activity Glucagon receptors occurs in the liver, where Glucagon stimulates gluconeogenesis and glycogenolysis, thereby increasing blood glucose (1-4). It is particularly important that the brain common sequence with glucagon glucose (1-4). It is particularly important that the brain glucose of the mature flue flue for the brain flue flue flue flue flue flue flue flue
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	glycogenolysis, thereby increasing blood glucose (1-4). It is particularly important that the bra
	receive sufficient glucose, since it is unable to store more than a minute quantity. Therefore
	release of Glucagon from a-cells is under control by both hormones and neurotransmitters, a
	is very responsive to circulating glucose concentration. Insulin, and/or the zinc that islet b ce
	secrete with it, downregulates Glucagon secretion in intact islets (5, 6). Glucagon secretion is
	also downregulated by the neurotransmitter g-aminobutyric acid (GABA), somatostatin
	produced by islet d-cells, and GLP-1, but is enhanced by the neurotransmitter L-glutamate,
	amino acids (especially arginine), and Glucagon itself (2-4, 7). Through receptors on the a-ce
	these substances affect potassium, sodium, and calcium channel activity and alter intracellu
	calcium concentration (2-4). Glucose suppression of Glucagon secretion is probably indirect
	acting through paracrine signals from other islet cells (8).Like insulin, Glucagon is dysregulat
	in type 2 diabetes (T2D) and contributes to its pathology (2-4). Glucagon secretion is less
	responsive to insulin-mediated suppression in times of high circulating glucose, causing
	glucagonemia, and increasing the risk of hyperglycemia. Glucagon is also regulated by some
	the same messengers that regulate insulin (10-12). Leptin inhibits a-cell glucagon secretion a
	stimulates b-cell insulin secretion, but glucagon blunts the leptin-mediated insulin secretion
	(10). Islet a-cells express ghrelin receptors and respond to ghrelin by increasing Glucagon
	secretion (11). Glucocorticoids, activated by 11b-HSD1, depress Glucagon secretion in
	hypoglycemia and insulin secretion in hyperglycemia (12). Although genetic polymorphisms

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Target Details	
	deletion of the Glucagon receptor in mice that are susceptible to T2D actually improves glycemic control (13, 14).
Pathways:	Positive Regulation of Peptide Hormone Secretion, Peptide Hormone Metabolism, cAMP Metabolic Process, Regulation of Carbohydrate Metabolic Process, Feeding Behaviour, Negative Regulation of intrinsic apoptotic Signaling

Application Details

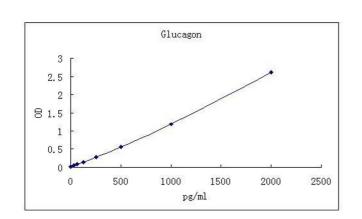
Application Notes:	Detection Wavelength: 450 nm
Sample Volume:	20 µL
Assay Time:	3 h
Plate:	Pre-coated
Restrictions:	For Research Use only

Handling

Storage:

4 °C

Images



ELISA

Image 1.

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