## Recombinant Rat GM-CSF Protein(His Tag)

## Catalog Number: PDMR100057

Note: Centrifuge before opening to ensure complete recovery of vial contents.

Description			
Species	Rat		
Source	Mammalian-derived Rat GM-CSF protein Met1-Lys144, with an C-terminal His		
Calculated MW	15.7 kDa		
Observed MW	15-20 kDa		
Accession	P48750		
Bio-activity	Not validated for activity		
Properties			
Purity	> 90% as determined by reducing SDS-PAGE.		
Endotoxin	< 1.0 EU/mg of the protein as determined by the LAL method		
Storage	Generally, lyophilized proteins are stable for up to 12 months when stored at -20 to -8		
	°C. Reconstituted protein solution can be stored at 4-8°C for 2-7 days. Aliquots of		
	reconstituted samples are stable at $< -20^{\circ}$ C for 3 months.		
Shipping	This product is provided as lyophilized powder which is shipped with ice packs.		
Formulation	ation Lyophilized from a 0.2 μm filtered solution in PBS with 5% Trehalose and 5%		
	Mannitol.		
Reconstitution	It is recommended that sterile water be added to the vial to prepare a stock solution of		
	0.5 mg/mL. Concentration is measured by UV-Vis.		

Data

kDa	м	R
80		
60	-	
40	-	
30	-	
20	-	
12		

SDS-PAGE analysis of Rat GM-CSF proteins, 2 µg/lane of Recombinant Rat GM-CSF proteins was resolved with an SDS-PAGE under reducing conditions, showing bands at 15.7 KD

## Background

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Granulocyte-macrophage colony-stimulating factor (GM-CSF) is one of an array of cytokines with pivotal roles in embryo implantation and subsequent development. Several cell lineages in the reproductive tract and gestational tissues synthesise GM-CSF under direction by ovarian steroid hormones and signalling agents originating in male seminal fluid and the conceptus. The pre-implantation embryo, invading placental trophoblast cells and the abundant populations of leukocytes controlling maternal immune tolerance are all subject to GM-CSF regulation. GM-CSF stimulates the differentiation of hematopoietic progenitors to monocytes and neutrophils, and reduces the risk for febrile neutropenia in cancer patients. GM-CSF also has been shown to induce the differentiation of myeloid dendritic cells (DCs) that promote the development of T-helper type 1 (cellular) immune responses in cognate T cells. The active form of the protein is found extracellularly as a homodimer, and the encoding gene is localized to a related gene cluster at chromosome region 5q31 which is known to be associated with 5q-syndrome and acute myelogenous leukemia. As a part of the immune/inflammatory cascade, GM-CSF promotes Th1 biased immune response, angiogenesis, allergic inflammation, and the development of autoimmunity, and thus worthy of consideration for therapeutic target. GM-CSF has been utilized in the clinical management of multiple disease processes. Most recently, GM-CSF has been incorporated into the treatment of malignancies as a sole therapy, as well as a vaccine adjuvant. While the benefits of GM-CSF in this arena have been promising, recent reports have suggested the potential for GM-CSF to induce immune suppression and, thus, negatively impact outcomes in the management of cancer patients. GM-CSF deficiency in pregnancy adversely impacts fetal and placental development, as well as progeny viability and growth after birth, highlighting this cytokine as a central maternal determinant of pregnancy outcome with clinical relevance in human fertility.