Recombinant Human FABP4/A-FABP Protein (29 Ala/Thr, His Tag)

Catalog Number: PKSH030902

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

Description

Species	Human
Source	E.coli-derived Human FABP4/A-FABP protein Cys 2-Ala 132, with an N-terminal His
Calculated MW	16 kDa
Observed MW	15 kDa
Accession	P15090
Bio-activity	Not validated for activity

Properties

Purity	> 95 % as determined by reducing SDS-PAGE.
Endotoxin	Please contact us for more information.
Storage	Generally, lyophilized proteins are stable for up to 12 months when stored at -20 to -80°C. Reconstituted protein solution can be stored at 4-8°C for 2-7 days. Aliquots of reconstituted samples are stable at < -20°C for 3 months.
Shipping	This product is provided as lyophilized powder which is shipped with ice packs.
Formulation	Lyophilized from sterile 50mM Tris, 200mM NaCl, 10% glycerol, pH 8.2 Normally 5% - 8% trehalose, mannitol and 0.01% Tween 80 are added as protectants before lyophilization. Please refer to the specific buffer information in the printed manual.
Reconstitution	Please refer to the printed manual for detailed information.

Data

> 95 % as determined by reducing SDS-PAGE.

Background

Fatty acid-binding protein; adipocyte; also known as Adipocyte-type fatty acid-binding protein; Fatty acid-binding protein 4; Adipocyte lipid-binding protein; and FABP4; is a cytoplasm protein which belongs to thecalycin superfamily and Fatty-acid binding protein (FABP) family. In familial combined hyperlipidemia (FCHL); FABP4 correlated to body mass index (BMI); waist circumference and homeostasis model assessment (HOMA) index.FABP4 levels were associated with triglyceride-rich lipoproteins. In humans serum FABP4 levels correlate significantly with features of PCOS. It appears to be a determinant of atherogenic dyslipidemia. FABP4 pathway mediates the sebaceous gland hyperplasia in keratinocyte-specific Pten-null mice. FABP4 concentration significantly increased with an increasing of MS features and was strongly correlated with body-mass index; triglycerides; HDL-cholesterol concentrations and blood pressure. Patients in the highest quartile of FABP4 presented a six-fold increased odds ratio for MS and a thre e-fold increased odds for LD; adjusted by age; sex; body-mass index and the antiretroviral therapy. FABP4 is a strong plasma marker of metabolic disturbances in HIV-infected patients; and therefore; could serve to guide therapeutic intervention in this group of patients.

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