Recombinant Human Azurocidin/CAP37 Protein (His Tag)

Catalog Number: PKSH032102

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

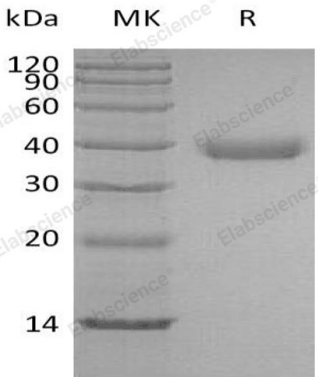
Description

Species	Human
Source	HEK293 Cells-derived Human Azurocidin;CAP37 protein Ile27-Pro250, with an C-terminal His
Calculated MW	25.2 kDa
Observed MW	38 kDa
Accession	P20160
Bio-activity	Not validated for activity

Properties

Purity	> 95 % as determined by reducing SDS-PAGE.
Endotoxin	< 1.0 EU per μg 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 -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 a 0.2 μm filtered solution of 20mM HEPES, 150mM NaCl, pH 7.5. 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

Azurocidin is an Azurophil granule antibiotic protein, with monocyte chemotactic and antibacterial activity. The Azurophil granules, specialized lysosomes of the neutrophil, contain at least 10 proteins implicated in the killing of microorganisms. Azurocidin is a member of the serine protease family that includes Cathepsin G, Neutrophil Elastase (NE), and Proteinase 3 (PR3), however, Azurocidin is not a serine proteinase since the active site serine and histidine residues are replaced. Human Azurocidin together with NE and PR3 are expressed coordinately and are packaged together into azurophil granules during neutrophil differentiation. Azurocidin has been identified as a modulator of endothelial permeability and an important multifunctional inflammatory mediator. Neutrophils arriving first at sites of inflammation release Azurocidin which acts in a paracrine fashion on endothelial cells causing the development of intercellular gaps and allowing leukocyte extravasation. Azurocidin thus be regarded as a reasonable therapeutic target for a variety of inflammatory disease conditions.

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