

Recombinant Rat c-MPL/CD110/TPOR Protein (His Tag)

Catalog Number: PKSR030214

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

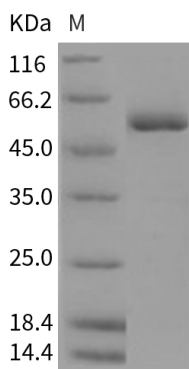
Description

Species	Rat
Source	Baculovirus-Insect Cells-derived Rat c-MPL/CD110/TPOR protein Met1-Ala500, with an C-terminal His
Mol_Mass	55.1 kDa
Accession	NP_001406773.1
Bio-activity	Not validated for activity

Properties

Purity	> 90 % 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 sterile 20mM Tris, 500mM NaCl, 3mM DTT, 10%glycerol, 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



> 90 % as determined by reducing SDS-PAGE.

Background

CD110, also known as c-MPL, is a 635 amino acid transmembrane domain, with two extracellular cytokine receptor domains and two intracellular cytokine receptor box motifs. It is expressed at a low level in a large number of cells of hematopoietic origin. C-MPL is homologous with members of the hematopoietic receptor superfamily. Presence of anti-sense oligodeoxynucleotides of c-mpl inhibited megakaryocyte colony formation. Thrombopoietin is the ligand for c-mpl. It was shown to be the major regulator of megakaryocytopoiesis and platelet formation. Defects in c-MPL are a cause of congenital amegakaryocytic thrombocytopeniawhich is a disease characterized by isolated thrombocytopenia and megakaryocytopenia with no physical anomalies. Defects in c-MPL also cause thrombocythemia type 2 and myelofibrosis with myeloid metaplasia.

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