Recombinant Human Coagulation Factor IX/F9 Protein (His Tag)

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

Catalog Number: PKSH032264



Description **Species** Human Mol Mass 49.8 kDa Accession P00740 Not validated for activity **Bio-activity Properties** > 95 % as determined by reducing SDS-PAGE. Purity < 1.0 EU per µg of the protein as determined by the LAL method. Endotoxin Store at $< -20^{\circ}$ C, stable for 6 months. Please minimize freeze-thaw cycles. Storage Shipping This product is provided as liquid. It is shipped at frozen temperature with blue ice/gel packs. Upon receipt, store it immediately at $< -20^{\circ}$ C. Formulation Supplied as a 0.2 µm filtered solution of 20mM Tris-HCl, 150mM NaCl, 10% Glycerol, pH 8.0. Reconstitution Not Applicable Data

kDa	MK	[©] R	
120 90	Elebs		
60		1absciences	
40			
30		Elabscience	
20			
14			

> 95 % as determined by reducing SDS-PAGE.

Background

Coagulation factor IX (F9), is a member of the peptidase S1 family. It contains two EGF-like domains, a Gla domain and a peptidase S1 domain. It is primarily expressed in the liver and secreted in plasma. Factor IX is a vitamin K-dependent plasma protein that participates in the intrinsic pathway of blood coagulation by converting factor X to its active form in the presence of Ca2+ ions, phospholipids, and factor VIIIa. Mutations in position 43 and 46 prevents cleavage of the propeptide, mutation in position 93 probably fails to bind to cell membranes, mutation in position 191 or in position 226 prevent cleavage of the activation peptide. Mutations of human F9 can result in thrombophilia and recessive X-linked hemophilia B (HEMB). An X-linked blood coagulation disorder characterized by a permanent tendency to hemorrhage, due to factor IX deficiency. It is phenotypically similar to hemophilia A, but patients present with fewer symptoms. Many patients are asymptomatic until the hemostatic system is stressed by surgery or trauma.

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