

## Recombinant Human CRP/C-Reactive Protein

**Catalog Number:** PKSH031180

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

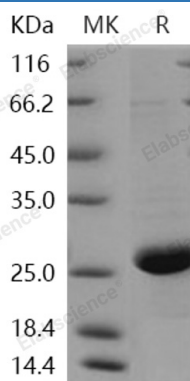
### Description

<b>Species</b>	Human
<b>Source</b>	HEK293 Cells-derived Human CRP/C-Reactive protein Met 1-Pro224
<b>Calculated MW</b>	23 kDa
<b>Observed MW</b>	26 kDa
<b>Accession</b>	P02741-1
<b>Bio-activity</b>	Not validated for activity

### Properties

<b>Purity</b>	> 90 % as determined by reducing SDS-PAGE.
<b>Endotoxin</b>	< 1.0 EU per µg of the protein as determined by the LAL method.
<b>Storage</b>	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.
<b>Shipping</b>	This product is provided as lyophilized powder which is shipped with ice packs.
<b>Formulation</b>	Lyophilized from sterile 20mM Tris, 0.2M NaCl, 5mM CaCl <sub>2</sub> , pH 8.0 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.
<b>Reconstitution</b>	Please refer to the printed manual for detailed information.

### Data



> 90 % as determined by reducing SDS-PAGE.

### Background

C-reactive protein (CRP) is synthesized by the liver in response to factors released by fat cells. It is a member of the pentraxin family of proteins. The levels of CRP rise in response to inflammation. Human C-reactive protein (CRP) is the classical acute phase reactant, the circulating concentration of which rises rapidly and extensively in a cytokine-mediated response to tissue injury, infection and inflammation. Serum CRP values are routinely measured, empirically, to detect and monitor many human diseases. However, CRP is likely to have important host defence, scavenging and metabolic functions through its capacity for calcium-dependent binding to exogenous and autologous molecules containing phosphocholine (PC) and then activating the classical complement pathway. CRP may also have pathogenic effects and the recent discovery of a prognostic association between increased CRP production and coronary atherothrombotic events is of particular interest.

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