Recombinant Human CFHR1 Protein (His Tag)

Catalog Number: PDEH100817

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

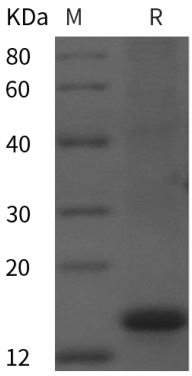
Description

Species	Human
Source	E.coli-derived Human CFHR1 protein Thr205-Lys329, with an N-terminal His
Calculated MW	13.6 kDa
Observed MW	15 kDa
Accession	Q03591
Bio-activity	Not validated for activity

Properties

Purity	> 95% as determined by reducing SDS-PAGE.
Endotoxin	< 10 EU/mg 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 in PBS with 5% Trehalose and 5% Mannitol.
Reconstitution	It is recommended that sterile water be added to the vial to prepare a stock solution of 0.5 mg/mL. Concentration is measured by UV-Vis.

Data



SDS-PAGE analysis of Human CFHR1 proteins, 2 μg/lane of Recombinant Human CFHR1 proteins was resolved with SDS-PAGE under reducing conditions, showing bands at 15 kDa.

Background

Complement Factor H-Related 1 (CFHR1) is a 43 kDa secreted member of the factor H family of glycoproteins. The human Complement Factor H protein family consists of the complement and immune regulators factor H, the factor H-like protein 1 (FHL-1) and five factor H-related proteins (CFHR-1 to-5). Members of the H-related protein family are exclusively composed of individually folded protein domains, termed short consensus repeats (SCRs) or complement control modules. FHR1 is produced by hepatocytes and circulates as two differentially glycosylated isoforms (37 kDa and 43 kDa). Mature human FHR1 is 312 amino acids in length. It contains five, approximately 60 aa SCRs that basically constitute the entire molecule. FHR1 may play a role in complement regulation, lipid metabolism and lipoprotein complexes that bind PMNs to LPS.

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