

Recombinant Human EPO Protein(His Tag)

Catalog Number: PDMH100436

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

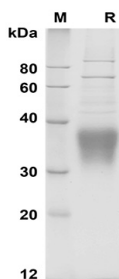
Description

Species	Human
Source	Mammalian-derived Human EPO protein Met1-Arg193, with an C-terminal His
Calculated MW	21.1 kDa
Observed MW	30-40 kDa
Accession	P01588
Bio-activity	Not validated for activity

Properties

Purity	> 90% as determined by reducing SDS-PAGE.
Endotoxin	< 1.0 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 EPO proteins, 2µg/lane of Recombinant Human EPO proteins was resolved with SDS-PAGE under reducing conditions, showing bands at 30-40 kDa

Background

Erythropoietin is a member of the EPO / TPO family. It is a secreted, glycosylated cytokine composed of four alpha helical bundles. Erythropoietin can be found in the plasma and regulates red cell production by promoting erythroid differentiation and initiating hemoglobin synthesis. It also has neuroprotective activity against a variety of potential brain injuries and antiapoptotic functions in several tissue types. Erythropoietin is the principal hormone involved in the regulation of erythrocyte differentiation and the maintenance of a physiological level of circulating erythrocyte mass. It is produced by kidney or liver of adult mammals and by liver of fetal or neonatal mammals. Genetic variation in erythropoietin is associated with susceptibility to microvascular complications of diabetes type 2. These are pathological conditions that develop in numerous tissues and organs as a consequence of diabetes mellitus. They include diabetic retinopathy, diabetic nephropathy leading to end-stage renal disease, and diabetic neuropathy. Diabetic retinopathy remains the major cause of new-onset blindness among diabetic adults. It is characterized by vascular permeability and increased tissue ischemia and angiogenesis. It has a longer circulating half-life in vivo. Erythropoietin is being much misused as a performance-enhancing drug in endurance athletes.