Recombinant Human STXBP1/UNC18A Protein (His & GST Tag)

Catalog Number:PKSH031010

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

Description

Synonyms	MUNC18-1;NSEC1;P67;RBSEC1;UNC18
Species	Human
Expression Host	Baculovirus-Insect Cells
Sequence	Met 1-Ser 594
Accession	P61764-1
Calculated Molecular Weight	95.4 kDa
Observed molecular weight	80 kDa
Tag	N-His-GST

Properties

Purity	> 85 % 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℃. Reconstituted protein solution can be stored at 4-8℃ for 2-7 days. Aliquots of reconstituted samples are stable at < -20℃ 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, 0.5mM PMSF, 10% glycerol, pH 8.0 Normally 5 % - 8 % trehalose, mannitol and 0.01% Tween80 are added as protectants before lyophilization. Please refer to the specific buffer information in the printe
Reconstitution	Please refer to the printed manual for detailed information.

Data

> 85 % as determined by reducing SDS-PAGE.

Background

Syntaxin-binding protein 1, also known as N-Sec1, Protein unc-18 homolog 1, MUNC18-1 and STXBP1, is a peripheral membrane protein which belongs to theSTXBP / unc-18 / SEC1 family. STXBP1 is an evolutionally conserved neuronal Sec1/Munc-18 (SM) protein that is essential in synaptic vesicle release in several species. It may participate in the regulation of synaptic vesicle docking and fusion, possibly through interaction with GTP-binding proteins. STXBP1 is essential for neurotransmission and binds syntaxin, a component of the synaptic vesicle fusion machinery probably in a 1:1 ratio. It can interact with syntaxins 1, 2, and 3 but not syntaxin 4. STXBP1 may also play a role in determining the specificity of intracellular fusion reactions. Defects in STXBP1 are the cause of epileptic encephalopathy early infantile

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type 4 (EIEE4). Affected individuals have neonatal or infantile onset of seizures, suppression-burst pattern on EEG, profound mental retardation, and MRI evidence of hypomyelination.

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