

Recombinant Human Parathyroid Hormone/PTH Protein (aa 32-65, GST Tag)



Catalog Number:PKSH030707

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

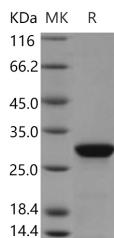
Description

| | |
|------------------------------------|---|
| Synonyms | Parathyroid Hormone;PTH;Parathormone;Parathyryin;PTH1 |
| Species | Human |
| Expression Host | E.coli |
| Sequence | Ser 32-Phe 65 |
| Accession | P01270 |
| Calculated Molecular Weight | 31.0 kDa |
| Observed molecular weight | 30 kDa |
| Tag | N-GST |

Properties

| | |
|-----------------------|---|
| Purity | > 96 % as determined by reducing SDS-PAGE. |
| Endotoxin | Please contact us for more information. |
| 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 sterile PBS, pH 7.5 Normally 5 % - 8 % trehalose, mannitol and 0.01% Tween80 are added as protectants before lyophilization. Please refer to the specific buffer information in the printed manual. |
| Reconstitution | Please refer to the printed manual for detailed information. |

Data



> 96 % as determined by reducing SDS-PAGE.

Background

Parathyroid hormone (PTH); parathormone or parathyryin; is secreted by the chief cells of the parathyroid glands as a polypeptide. PTH elevates calcium level by dissolving the salts in bone and preventing their renal excretion. Parathyroid hormone (PTH) has been proved to play a pivotal role in maintaining myocardial contractility as well as effective natriuresis; and possible pathogenic mechanisms contributing to heart failure secondary to hypocalcemia and hypoparathyroidism. With the increased population of preosteoblastic lineages and the osteoblastic activation; Parathyroid hormone (PTH) drives anabolism in bone. Experiments have recently reported that PTH affects bone cells in a dual pathway - mediating osteoblastic (preosteoblastic) activities or osteocytic synthesis of sclerostin. Defects in PTH are a cause of familial isolated hypoparathyroidism (FIH); also called autosomal dominant hypoparathyroidism or autosomal

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dominant hypocalcemia. FIH is characterized by hypocalcemia and hyperphosphatemia due to inadequate secretion of parathyroid hormone. Symptoms are seizures; tetany and cramps.

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