

Recombinant Human EPCR Protein (His Tag)

Catalog Number: PKSH033300



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

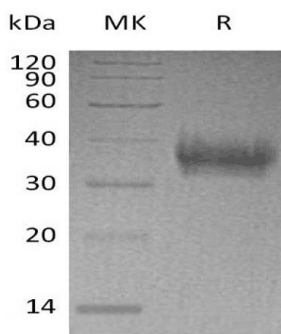
Description

Species	Human
Mol_Mass	23.1 kDa
Accession	Q9UNN8
Bio-activity	Not validated for activity

Properties

Purity	> 95 % 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 °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 of 20mM PB, 150mM NaCl, pH 7.2. 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.
Reconstitution	Please refer to the printed manual for detailed information.

Data



> 95 % as determined by reducing SDS-PAGE.

Background

Endothelial Protein C Receptor (EPCR) is a Vitamin K-dependent Serine Protease that plays a major role in blood coagulation. Binding of Protein C to EPCR leads to the proteolytic activation of PAR1 (Protease-Activated Receptor 1) on endothelial cells and subsequent up-regulation of Protein C-induced genes. EPCR is a type I transmembrane glycoprotein in the CD1/MHC family. It is expressed most strongly in the endothelial cells of arteries and veins in heart and lung. Membrane bound EPCR is released by metalloproteolytic cleavage to generate the soluble receptor. The extracellular domain of human and mouse EPCR shares approximately 61% amino acid sequence homology. EPCR plays an important role in augmenting Protein C activation by the Thrombin-Thrombomodulin complex and in regulating blood coagulation and inflammation. EPCR is found primarily on endothelial cells. Deletion of EPCR function results in embryonic death; at least in part due to placental thrombosis.

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