Recombinant Human ANGPTL3 Protein (His Tag)

Catalog Number: PKSH033767

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

Description	
Species	Human
Source	HEK293 Cells-derived Human ANGPTL3 protein Ser17-Pro220, with an C-terminal His
Calculated MW	24.6 kDa
Observed MW	30 kDa
Accession	Q9Y5C1
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 $< -20^{\circ}C$ 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 PBS, pH 7.4.
	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

Angiopoietin-like 3 (ANGPTL3) is a secreted glycoprotein that is structurally related to the angiopoietins. Mature human ANGPTL3 contains an N-terminal coiled coil domain and a C-terminal fibrinogen-like domain. ANGPTL3 is expressed in the liver from early in development through adulthood. Full length ANGPTL3 circulates in the plasma as do the proteolytically separated N-and C-terminal segments containing the coiled coil domain and fibrinogen-like domains, respectively. ANGPTL3 directly inhibits lipoprotein lipase (LPL) and endothelial lipase (EL), enzymes responsible for hydrolyzing circulating triglycerides and HDL phospholipids. ANGPTL3 promotes an increase in circulating triglyceride levels without altering VLDL or HDL secretion or uptake. ANGPTL3 expression in vivo is up-regulated by LXR agonists and down-regulated by insulin, leptin, and agonists of TRβ or PPARβ.

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