Recombinant Mouse CD59a/MAC-IP Protein (Fc Tag)

Catalog Number:PKSM040522



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

Description

Synonyms AA987121;Cd59;protectin;RP24-297H17.1

Species Mouse

Expression Host

Sequence

Met 1-Lys 95

Accession

O55186

Calculated Molecular Weight

Observed molecular weight

Tag

HEK293 Cells

Met 1-Lys 95

O55186

25.4 kDa

42 kDa

C-hFc

Properties

Purity > 92 % as determined by reducing SDS-PAGE.

Endotoxin $< 1.0 \text{ EU per } \mu \text{g of the protein as determined by the LAL method.}$

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 sterile PBS, pH 7.4

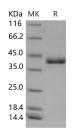
Normally 5 % - 8 % trehalose, mannitol and 0.01% Tween80 are added as

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



> 92 % as determined by reducing SDS-PAGE.

Background

Protectin, a complement regulatory protein, also known as CD59, or MIRL (membrane inhibitor of reactive lysis) is a small protein that inhibits the complement membrane attack complex by binding C5b678 and preventing C9 from binding and polymerizing. The amino-terminal 25 amino acids represented a typical signal peptide sequence and the carboxy-terminal hydrophobic amino acids were characteristic for phosphatidylinositol-anchored proteins. It was found that the CD59/Protectin antigen is a small protein sometimes associated with larger components (45 and 80 kD) in urine. CD59/Protectin antigen was released from the surface of transfected COS cells by phosphatidylinositol-specific phospholipase C, demonstrating that it is attached to the cell membrane by means of a glycolipid anchor; it is therefore likely to be absent from the surface of affected erythrocytes in the disease paroxysmal nocturnal hemoglobinuria.

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