

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

Catalog No. PKSH030707

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

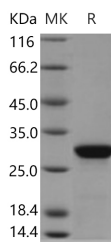
Description

Synonyms	Parathyroid Hormone;PTH;Parathormone;Parathyrin;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
Bioactivity	Not validated for activity

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 parathyrin; 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

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