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;Parathyrin;PTH1

Species Human
Expression Host E.coli

Sequence Ser 32-Phe 65

AccessionP01270Calculated Molecular Weight31.0 kDaObserved molecular weight30 kDaTagN-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

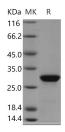
Normally 5 % - 8 % trehalose, mannitol and 0.01% Tween80 are added as

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 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 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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