Recombinant Human CRP/C-Reactive Protein

Catalog No. PKSH031180

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

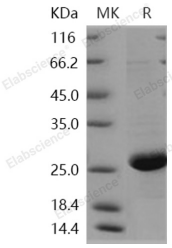
Description

Synonyms	C-Reactive Protein;CRP;PTX1
Species	Human
Expression Host	HEK293 Cells
Sequence	Met 1-Pro224
Accession	P02741-1
Calculated Molecular Weight	23 kDa
Observed molecular weight	26 kDa
Tag	None
Bioactivity	Not validated for activity

Properties

Purity	> 90 % 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℃. Reconstituted protein solution can be stored at 4-8℃ for 2-7 days. Aliquots of reconstituted samples are stable at < -20℃ for 3 months.
Shipping	This product is provided as lyophilized powder which is shipped with ice packs.
Formulation	Lyophilized from sterile 20mM Tris, 0.2M NaCl, 5mM CaCl2, pH 8.0 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



> 90 % as determined by reducing SDS-PAGE.

Background

C-reactive protein (CRP) is synthesized by the liver in response to factors released by fat cells. It is a member of the pentraxin family of proteins. The levels of CRP rise in response to inflammation. Human C-reactive protein (CRP) is the

classical acute phase reactant, the circulating concentration of which rises rapidly and extensively in a cytokine-mediated response to tissue injury, infection and inflammation. Serum CRP values are routinely measured, empirically, to detect and monitor many human diseases. However, CRP is likely to have important host defence, scavenging and metabolic functions through its capacity for calcium-dependent binding to exogenous and autologous molecules containing phosphocholine (PC) and then activating the classical complement pathway. CRP may also have pathogenic effects and the recent discovery of a prognostic association between increased CRP production and coronary atherothrombotic events is of particular interest.

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