



Recombinant Protein Technical Manual

Recombinant Human OSMR/IL31RB Protein (aa 1-740, His Tag)
RPES2595

Product Data:

Product SKU: RPES2595

Size: 50µg

Species: Human

Expression host: HEK293 Cells

Uniprot: NP_003990.1

Protein Information:

Molecular Mass: 82.6 kDa

AP Molecular Mass: 13040 kDa

Tag: C-His

Bio-activity:

Purity: > 96 % as determined by reducing SDS-PAGE.

Endotoxin: < 1.0 EU per µg as determined by the LAL method.

Storage: 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

Reconstitution: Please refer to the printed manual for detailed information.

Application:

Synonyms: Oncostatin-M-Specific Receptor Subunit Beta; Interleukin-31 Receptor Subunit Beta; IL-31 Receptor Subunit Beta; IL-31R Subunit Beta; IL-31R-Beta; IL-31RB; OSMR;OSMRB;PLCA1

Immunogen Information:

Sequence: Met 1-Met 740

Background:

Oncostatin-M specific receptor subunit beta also known as the oncostatin M receptor (OSMR) and Interleukin-31 receptor subunit beta (IL-31RB), is one of the receptor proteins for oncostatin M. OSMR is a member of the type I cytokine receptor family. IL-31RB/OSMR heterodimerizes with interleukin 6 signal transducer to form the type II oncostatin M receptor and with interleukin 31 receptor A to form the interleukin 31 receptor, and thus transduces oncostatin M and interleukin 31 induced signaling events. Mutations in IL-31RB/OSMR have been associated with familial primary localized cutaneous amyloidosis. Defects in IL-31RB/OSMR are the cause of amyloidosis primary localized cutaneous type 1 (PLCA1), also known as familial lichen amyloidosis or familial cutaneous lichen amyloidosis. PLCA1 is a hereditary primary amyloidosis characterized by localized cutaneous amyloid deposition. This condition usually presents with itching (especially on the lower legs) and visible changes of skin hyperpigmentation and thickening (lichenification) that may be exacerbated by chronic scratching and rubbing. The amyloid deposits probably reflect a combination of degenerate keratin filaments, serum amyloid P component, and deposition of immunoglobulins.