

Recombinant Protein Technical Manual

Recombinant Human Apolipoprotein A-I/ApoAI Protein (Fc Tag)(Active) RPES3419

Product Data:

Product SKU: RPES3419

Species: Human

Size: 50µg

Expression host: HEK293 Cells

Uniprot: CAA26097.1

Protein	Intorm	ation
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Molecular Mass:	55 kDa
AP Molecular Mass:	55 kDa
Tag:	C-Fc
Bio-activity:	Measured by its binding ability in a functional ELISA. Immobilized Human ApoAI at 10 μ g/mL (100 μ l/well) can bind biotinylated human SCARB1, The EC50 of biotinylated human SCARB1 is 0.37 μ g/mL.
Purity:	> 95 % 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 100mM Glycine, 10mM NaCl, 50mM Tris, pH 7.5
Reconstitution:	Please refer to the printed manual for detailed information.
Application:	Functional ELISA
Synonyms:	Apolipoprotein A-I; Apo-AI; ApoA-I; Apolipoprotein A1; APOA1

Sequence: Met 1-Gln 267

Background:

Apolipoprotein A1 (APOA1) is a member of the apolipoprotein family whose members are proteins bind with lipids and form lipoproteins to translate these oil-soluble lipids such as fat and cholesterol through lymphatic and circulatory system. APOA1 is the main component of high density lipoprotein (HDL) in plasma and is involved in the esterification of cholesterol as a cofactor of lecithin-cholesterol acyltransferase (LCAT) which is responsible for the formation of most plasma cholesteryl esters, and thus play a major role in cholesterol efflux from peripheral cells. As a major component of the HDL complex, APOA1 helps to clear cholesterol from arteries. APOA1 is also characterized as a prostacyclin stabilizing factor, and thus may have an anticlotting effect. Defects in encoding gene may result in HDL deficiencies, including Tangier disease, and with systemic non-neuropathic amyloidosis. Men carrying a mutation may develop premature coronary artery disease.