Recombinant Protein Technical Manual

Recombinant Human Insulin Receptor/INSR Protein (short isoform, His Tag)(Active)

RPES3729

Product Data:

Product SKU: RPES3729

Size: 50µg

Species: Human

Expression host: HEK293 Cells

Uniprot: NP_001073285.1

Protein Information:

Molecular Mass:	106 (83+23) kDa
AP Molecular Mass:	12535 kDa & 40-45 kDa
Tag:	C-His
Bio-activity:	Measured by its ability to bind human Insulin in a functional ELISA.
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℃ 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 PBS, pH 7.4
Reconstitution:	Please refer to the printed manual for detailed information.
Application:	Functional ELISA
Synonyms:	CD220;HHF5;Insulin Receptor

Immunogen Information:

Sequence: Met 1-Lys 944

Background:

INSR (Insulin receptor), also known as CD220, is a transmembrane receptor that is activated by insulin. INSR belongs to theprotein kinase superfamily, and exists as a tetramer consisting of two alpha subunits and two beta subunits linked by disulfide bonds. The alpha and beta subunits are encoded by a single INSR gene, and the beta subunits pass through the cellular membrane. As the receptor for insulin with tyrosine-protein kinase activity, INSR associates with downstream mediators upon binding to insulin, including IRS1 (insulin receptor substrate 1) and phosphatidylinositol 3'-kinase (PI3K). IRS binding and phosphorylation eventually leads to an increase in the high affinity glucose transporter (Glut4) molecules on the outer membrane of insulin-responsive tissues. INSR isoform long and isoform short are expressed in the peripheral nerve, kidney, liver, striated muscle, fibroblasts and skin, and is found as a hybrid receptor with IGF1R which also binds IGF1 in muscle, heart, kidney, adipose tissue, skeletal muscle, hepatoma, fibrobasts, spleen and placenta. Defects in Insulin Receptor/INSR are the cause of Rabson-Mendenhall syndrome (Mendenhall syndrome), insulin resistance (Ins resistance), leprechaunism (Donohue syndrome), and familial hyperinsulinemic hypoglycemia 5 (HHF5). It may also be associated with noninsulin-dependent diabetes mellitus (NIDDM).