

## NT-proBNP Protein, Human, Recombinant (His & Flag)

### General Information

Synonyms:	$\gamma$ -brain natriuretic peptide;Gamma-brain natriuretic peptide;Natriuretic peptides B;NPPB;BNP
Protein Construction:	His27-Arg102
Species:	Human
Expression Host:	E. coli
Accession:	P16860
Molecular Weight:	14 KDa (reducing condition)
AA Sequence:	His27-Arg102

### QC Testing

Biological Activity:	Activity has not been tested. It is theoretically active, but we cannot guarantee it. If you require protein activity, we recommend choosing the eukaryotic expression version first.
Purity:	Greater than 95% as determined by reducing SDS-PAGE. (QC verified)
Endotoxin:	< 0.1 ng/ $\mu$ g (1 EU/ $\mu$ g) as determined by LAL test.
Formulation:	Lyophilized from a solution filtered through a 0.22 $\mu$ m filter, containing 20 mM Tris-HCl, 150 mM NaCl, pH 8.0.

### Preparation and Storage

#### Reconstitution:

Reconstitute the lyophilized protein in distilled water. The product concentration should not be less than 100  $\mu$ g/ml. Before opening, centrifuge the tube to collect powder at the bottom. After adding the reconstitution buffer, avoid vortexing or pipetting for mixing.

#### Stability & Storage:

Lyophilized powders can be stably stored for over 12 months, while liquid products can be stored for 6-12 months at -80°C. For reconstituted protein solutions, the solution can be stored at -20°C to -80°C for at least 3 months.

Please avoid multiple freeze-thaw cycles and store products in aliquots.

Actual storage temperature shall be subject to the COA.

#### Shipping:

In general, lyophilized powders are shipped with blue ice, while solutions are shipped with dry ice.

### Protein Background

Brain-type Natriuretic Peptide (BNP) is a nonglycosylated peptide that is produced predominantly by ventricular myocytes and belongs to the natriuretic peptide family. Proteolytic cleavage of the 12 kDa BNP precursor gives rise to N-terminal Pro BNP (NT-proBNP) and mature BNP. N-terminal proB-type natriuretic peptide (NT-proBNP), a useful marker of heart failure (HF), is considered to be secreted mainly from the ventricle, increased serum NT-

proBNP levels are also encountered in conditions such as atrial fibrillation (AF) and atrial septal defect in patients without HF.

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