Data Sheet (Cat.No.TMPJ-00876)

TargetMol

FAH Protein, Human, Recombinant (His)

General Information

Synonyms:	Fumarylacetoacetate Hydrolase;β-Diketonase;FAH;FAA;Fumarylacetoacetase;Beta-Diketonase
Protein Construction:	Ser2-Ser419
Species:	Human
Expression Host:	HEK293 Cells
Accession:	P16930
Molecular Weight:	43 KDa (reducing condition)
AA Sequence:	Ser2-Ser419

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/μg (1 EU/μg) as determined by LAL test.
Formulation:	Lyophilized from a solution filtered through a 0.22 μm filter, containing 20 mM Tris-HCl, 150 mM NaCl, pH 8.5.

Preparation and Storage

Reconstitution:

Reconstitute the lyophilized protein in distilled water. The product concentration should not be less than 100 μg/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

Fumarylacetoacetase belongs to the FAH family. Fumarylacetoacetase is primary expressed in liver and kidney. It exists as a homodimer and catalyzes the hydrolysis of 4-fumarylacetoacetate into fumarate and acetoacetate. Defects in Fumarylacetoacetase cause tyrosinemia type 1, which is congenital metabolism defect characterized by elevated levels of tyrosine in the blood and urine, and hepatorenal manifestations. Typical features include renal

tubular injury, self-mutilation, hepatic necrosis, episodic weakness, and seizures.

Tel:781-999-4286 E_mail:info@targetmol.com Address:34 Washington Street,Wellesley Hills,MA 02481