Data Sheet (Cat.No.TMPJ-01306)

TargetMol

CFHR5 Protein, Human, Recombinant (His)

General Information

Synonyms:	Complement factor H-related protein 5;CFHR5;FHR5;CFHL5
Protein Construction:	Glu19-Glu569
Species:	Human
Expression Host:	HEK293 Cells
Accession:	Q9BXR6
Molecular Weight:	61 KDa (reducing condition)
AA Sequence:	Glu19-Glu569

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 PB, 150 mM NaCl, pH 7.4.

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

Complement factor H-related protein 5(FHR-5 for short), is a secreted protein which contains 9 Sushi (CCP/SCR) domains. It is expressed by the liver and secreted in plasma. The pattern of the deposits is similar to other complement components, suggesting that FHR-5 may play a role in complement activation and regulation. Defects in CFHR5 have been found in patients with atypical hemolytic uremic syndrome and may contribute to the disease. In contrast to typical hemolytic uremic syndrome, atypical forms have a poorer prognosis, with higher

death rates and frequent progression to end-stage renal disease.

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