Data Sheet (Cat.No.TMPK-00817)

TargetMol

Glycophorin A Protein, Mouse, Recombinant (hFc)

General Information

Synonyms:	HGpMiXI;Glycophorin A;PAS-2;GPErik;GYPA;GpMiIII;MNS;HGpSta(C);MN;CD235a;HGpMiV;GPA;HGpMiX;Glycophorin-A;GPSAT;HGpMiIII
Protein Construction:	Met1-Val108
Species:	Mouse
Expression Host:	HEK293 Cells
Accession:	P14220
Molecular Weight:	38.1 kDa (predicted). Due to glycosylation, the protein migrates to 68-75 kDa based on Tris-Bis PAGE result.

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:	> 95% as determined by Tris-Bis PAGE; > 95% as determined by HPLC
Endotoxin:	< 1.0 EU/μg of the protein as determined by the LAL method.
Formulation:	Lyophilized from a solution filtered through a 0.22 μm filter, containing PBS (pH 7.4). Typically, 8% trehalose is incorporated as a protective agent before lyophilization.

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:

It is recommended to store recombinant proteins at -20°C to -80°C for future use. 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

Granulomatosis with polyangiitis (GPA) presents a wide spectrum of manifestations from the common respiratory symptoms to infrequent neurological and cardiac complications. The challenge in diagnosis and management makes the rapidly progressive disorder one of the most challenging dilemmas in clinical medicine.The ultimate goal is an improved prognosis through outcome measures which assesses the disease control with minimal

adverse effects of intensive immunosuppressive regimens, an integral part of the clinical approach to improve the quality of life of GPA patients.

Reference

Grygiel-Górniak B, et al. Clinical manifestations of granulomatosis with polyangiitis: key considerations and major features. Postgrad Med. 2018 Sep;130(7):581-596. doi: 10.1080/00325481.2018.1503920. Epub 2018 Aug 2. PMID: 30071173.

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