

Lipocalin-2/LCN2 Protein, Human, Recombinant (His) V2

General Information

Synonyms:	NGAL;MSFI;lipocalin 2;24p3;Lipocalin-2;p25
Protein Construction:	Gln21-Gly198
Species:	Human
Expression Host:	HEK293 Cells
Accession:	P80188-1
Molecular Weight:	21.64 kDa (Predicted); 25-30 kDa (Due to glycosylation)

QC Testing

Biological Activity:	Immobilized Human NGAL, His Tag at 0.2 µg/ml (100 µl/Well) on the plate. Dose response curve for Anti-NGAL Antibody, hFc Tag with the EC50 of 7.8 ng/ml determined by ELISA.
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 0.22 µm filtered solution in PBS (pH 7.4). Normally 8% trehalose is added as protectant before lyophilization.

Preparation and Storage

Reconstitution:

Reconstitute the lyophilized protein in sterile deionized 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

Acute kidney injury (AKI) is one of the most common complications of various serious conditions, and early diagnosis is therefore critical for the treatment of AKI. Recent evidence demonstrates that neutrophil gelatinase-associated lipocalin (NGAL) is closely associated with AKI. Several experimental and clinical studies have shown that the expression of urine and serum NGAL increases significantly in AKI. NGAL shows potential to be a new effective early biochemical marker of AKI. Further studies are needed to confirm the significant advantages of NGAL in the diagnosis of early AKI and its value in clinical applications.

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