Data Sheet (Cat.No.TMPY-06273)

TargetMol

LILRB5/CD85c Protein, Human, Recombinant (hFc)

General Information

Synonyms:	LIR-8;LIR8;CD85C;leukocyte immunoglobulin like receptor B5
Protein Construction:	A DNA sequence encoding the Human LILRB5 (NP_006831.1) (Met1-Gly458) was expressed with the Fc region of human IgG1 at the C-terminus. Predicted N terminal: Gly 24
Species:	Human
Expression Host:	HEK293 Cells
Accession:	O75023-1
Molecular Weight:	74.06 kDa (predicted); 91.35 kDa (reducing conditions)

QC Testing

Biological Activity:	Activity testing is in progress. It is theoretically active, but we cannot guarantee it. If you require protein activity, we recommend choosing the eukaryotic expression version first.
Purity:	> 90 % as determined by SDS-PAGE.
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, a mixture containing 5% to 8% trehalose, mannitol, and 0.01% Tween 80 is incorporated as a protective agent before lyophilization.

Preparation and Storage

Reconstitution:

A Certificate of Analysis (CoA) containing reconstitution instructions is included with the products. Please refer to the CoA for detailed information.

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

A genetic variant in LILRB5 (leukocyte immunoglobulin-like receptor subfamily-B) (rs12975366: T > C: Asp247Gly) has been reported to be associated with lower creatine phosphokinase (CK) and lactate dehydrogenase (LDH) levels. Both biomarkers are released from injured muscle tissue, making this variant a potential candidate for susceptibility to muscle-related symptoms.

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