- 3. Post-translational modification: Phosphorylation, glycosylation, methylation etc.
- 4. Post-translation cleavage: Many proteins are synthesized as pro-proteins, and then cleaved to give the active form.
- 5. Polymerization of the target protein: Dimerization, multimerization etc.

9th Edition (Revised in Jul, 2013)

Endothelial Cell Specific Molecule 1 (ESM1) **Organism Species: Homo sapiens (Human)**

RPC463Hu01 50µg

Instruction manual



Residues: Trp20~Arg184 (Accession # Q9NQ30), with N-terminal His-Tag. Host: E. coli Subcellular Location: Secreted. **Purity:** >95% Endotoxin Level: <1.0EU per 1µg (determined by the LAL method). **Formulation:** Supplied as lyophilized form in PBS, pH7.4, containing 5% sucrose, 0.01% sarcosyl. Predicted isoelectric point: 6.7

Predicted Molecular Mass: 19.6kDa

Accurate Molecular Mass: 24kDa as determined by SDS-PAGE reducing conditions. Applications: SDS-PAGE; WB; ELISA; IP.

(May be suitable for use in other assays to be determined by the end user.)

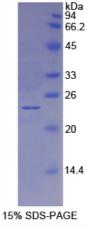
Note: The possible reasons that the actual band size differs from the predicted are as follows:





FOR IN VITRO USE AND RESEARCH USE ONLY

NOT FOR USE IN CLINICAL DIAGNOSTIC PROCEDURES



[<u>USAGE</u>]

Reconstitute in sterile PBS, pH7.2-pH7.4.

[STORAGE AND STABILITY]

Storage: Avoid repeated freeze/thaw cycles.

Store at 2-8°C for one month.

Aliquot and store at -80°C for 12 months.

Stability Test: The thermal stability is described by the loss rate of the target protein. The loss rate was determined by accelerated thermal degradation test, that is, incubate the protein at 37°C for 48h, and no obvious degradation and precipitation were observed. (Referring from China Biological Products Standard, which was calculated by the Arrhenius equation.) The loss of this protein is less than 5% within the expiration date under appropriate storage condition.

[SEQUENCES]

The target protein is fused with N-terminal His-Tag, its sequence is listed below. MGHHHHHHSGSEF-W SNNYAVDCPQ HCDSSECKSS PRCKRTVLDD CGCCRVCAAG RGETCYRTVS GMDGMKCGPG LRCQPSNGED PFGEEFGICK DCPYGTFGMD CRETCNCQSG ICDRGTGKCL KFPFFQYSVT KSSNRFVSLT EHDMASGDGN IVREEVVKEN AAGSPVMRKW LNPR

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- 4. Grigoriu B.D., et al. (2006) Clin. Cancer Res. 12:4575-4582.