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# **Product Information**

SILu™Prot IL6, Interleukin 6, human recombinant, expressed in HEK cells SIL MS Protein Standard, <sup>13</sup>C- and <sup>15</sup>N-labeled

Catalog Number **MSST0017** Storage Temperature –20 °C

Synonyms: IL-6, B-cell stimulatory factor 2 (BSF-2), CTL differentiation factor (CDF), Interferon beta-2 (IFN-beta-2), Hybridoma growth factor

# **Product Description**

SILu<sup>TM</sup>Prot IL-6 is a recombinant, stable isotope-labeled human IL-6 which incorporates [ $^{13}C_6$ ,  $^{15}N_4$ ]-Arginine and [ $^{13}C_6$ ,  $^{15}N_2$ ]-Lysine. Expressed in human 293 cells, it is designed to be used as an internal standard for bioanalysis of IL-6 in mass spectrometry. SILu<sup>TM</sup>Prot IL-6 is a monomer of 183 amino acids, with a calculated molecular mass of 21.0 kDa. It contains no tags.

IL-6 is an abundant cytokine, which is crucial for leukocyte and endothelial cell activation. <sup>1</sup> IL-6 is one of the major cytokines that are implicated clinically as biomarkers in ACS (Acute Coronary Syndrome). <sup>1</sup> Its pathophysiological contribution to ACS is the induction of acute-phase response. <sup>1</sup> Patients with ACS have increased circulating levels of IL-6 compared with those patients who have stable angina. <sup>2</sup> Among patients with unstable angina, an increase in IL-6 levels that occurred 48 hours after admission compared with the admission value was associated with the combined end point of death, myocardial infarction (MI), or refractory angina. <sup>3</sup> High levels of IL-6 are also related to cardiovascular disease, heart attack, and stroke. <sup>4</sup>

Each vial contains 10–13  $\mu g$  of SILu<sup>TM</sup>Prot IL6 standard, lyophilized from a solution of phosphate buffered saline. Vial content was determined by the Bradford method using BSA as a calibrator. The correction factor from the Bradford method to Amino Acid Analysis is 115% for this protein.

Identity: Confirmed by peptide mapping

Purity: ≥95% (SDS-PAGE)

Heavy amino acid incorporation efficiency: ≥98% (MS)

UniProt: P05231

#### Sequence Information

VPPGEDSKDVAAPHRQPLTSSERIDKQIR<u>YILDGISAL</u>
RKETCNKSNMCESSK<u>EALAENNLNLPK</u>MAEKDGCF
QSGFNEETCLVKIITGLLEFEVYLEYLQNRFESSEEQA
RAVQMSTKVLIQFLQKKAKNLDAITTPDPTTNASLLTK
LQAQNQWLQDMTTHLILRSFK**EFLQSSLR**ALRQM

Transitions for three peptides (underlined) suggested for selected reaction monitoring analysis (SRM) are provided for download on the product display page at www.sigmaaldrich.com.

#### **Precautions and Disclaimer**

This product is for R&D use only, not for drug, household, or other uses. Please consult the Safety Data Sheet for information regarding hazards and safe handling practices.

## **Preparation Instructions**

Briefly centrifuge the vial before opening. It is recommended to reconstitute the protein in sterile ultrapure water to a final concentration of 100  $\mu$ g/mL.

### Storage/Stability

Store the lyophilized product at  $-20~^{\circ}$ C. The product is stable for at least 2 years as supplied. After reconstitution, it is recommended to store the protein in working aliquots at  $-20~^{\circ}$ C.

#### References

- Armstrong, E.J. et al., Inflammatory biomarkers in acute coronary syndromes: Part I: Introduction and cytokines. *Circulation*, 113, e72-e75 (2006).
- 2. Biasucci, L. et al., Elevated levels of interleukin-6 in unstable angina. *Circulation*, **94**, 874–877 (1996).
- Biasucci, L. et al., Increasing levels of interleukin (IL)-1Ra and IL-6 during the first 2 days of hospitalization in unstable angina are associated with increased risk of in-hospital coronary events. Circulation, 99, 2079–2084 (1999).
- Ridker, P.M. et al., Inflammation, aspirin, and the risk of cardiovascular disease in apparently healthy men. The New England Journal of Medicine, 336, 973-979 (1997).

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### **Legal Information**

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