

Human IgG Fc Control Protein, recombinant protein

CATALOG NUMBER:	AG100	QUANTITY:	50 µg (1 mg/ml)
LOT NUMBER:			
ALTERNATE NAMES:	Human IgG Fc control protein		
DESCRIPTION:	Recombinant fusion proteins consisting of the extracellular domain of immunoregulatory proteins and the constant (Fc) domain of immunoglobulin G (IgG) represent a growing class of human therapeutics. Chimeric protein of <i>Human</i> target protein and <i>Human</i> IgG-Fc domain can be purified using protein A chromatography. This product is the control protein, <i>Human</i> IgG-Fc domain, purified using protein A-agarose (Millipore Corp, cat. # 16-125). MW ~ 55 kDa.		
SOURCE:	Mammalian cells, <i>HEK293 cell line</i>		
PURITY:	Greater than 90% by SDS-PAGE and Coomassie blue staining. Western blotting by primary antibody Mouse anti-Human IgG, clone HP6017, Fc (Millipore Corp, cat. # MAB1302) and secondary antibody Goat anti-Mouse IgG, HRP conjugate (Millipore Corp, cat. # 12-349).		
ACTIVITY:	Active, as purified using protein A-agarose (Millipore Corp, cat. # 16-125).		
APPLICATIONS:	<ol style="list-style-type: none">1. This product should be used as the control protein in the activity test of chimeric protein of <i>Human</i> target protein and <i>Human</i> IgG-Fc domain.2. Other applications of <i>Human</i> IgG-Fc domain.		
PRESENTATION:	50µg of recombinant protein in 50µl of 1X PBS, 20%(v/v) glycerol. Frozen solution.		
STORAGE/HANDLING:	Shipped on dry ice. Best stored at -80 C for up to 6 months after date of receipt. Thawed aliquots should be used immediately, as repeated freeze/thaw cycles might result in loss of activity.		
REFERENCES	<ol style="list-style-type: none">1. Mol Cancer Ther. 2008 Mar;7(3):538-47.2. J Immunol. 2008 Feb 15;180(4):2099-106.3. J Biol Chem. 2007 Nov 30;282(48):34748-57. Epub 2007 Oct 2.4. AIDS Res Hum Retroviruses. 2006 Jun;22(6):477-90.5. J Neurosci. 2004 Feb 25;24(8):1976-86.		

Important Note: *During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For products with volumes of 200 µL or less, we recommend gently tapping the vial on a hard surface or briefly centrifuging the vial in a tabletop centrifuge to dislodge any liquid in the container's cap.*

For research use only; not for use as a diagnostic.

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