

## Recombinant Human SAA1

Catalog No: C633

Description Recombinant Human Serum Amyloid A1 Protein is produced by our E.coli expression system and the

target gene encoding Arg19-Tyr122 is expressed with a 6His tag at the N-terminus.

Source Human Cells

Alternative name Serum Amyloid A-1 Protein; SAA; SAA1

Accession No. P0DJI8

Formulation Lyophilized from a 0.2 µm filtered solution of 20mM TrisHCl,150mM NaCl,1mM EDTA, pH 8.0.

Always centrifuge tubes before opening. Do not mix by vortex or pipetting.

Reconstitution

It is not recommended to reconstitute to a concentration less than 100µg/ml.

Dissolve the lyophilized protein in distilled water.

Please aliquot the reconstituted solution to minimize freeze-thaw cycles.

Quality Control Purity: Greater than 95% as determined by reducing SDS-PAGE.

Endotoxin: Less than 0.1 ng/μg (1 IEU/μg) as determined by LAL test.

**Shipping** The product is shipped at ambient temperature.

Upon receipt, store it immediately at the temperature listed below.

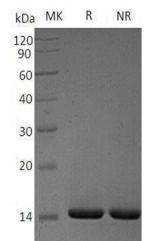
Storage Lyophilized protein should be stored at < -20°C, though stable at room temperature for 3 weeks.

Reconstituted protein solution can be stored at 4-7°C for 2-7 days. Aliquots of reconstituted samples are stable at < -20°C for 3 months.

Amino Acid Sequence MNHKVHHHHHHMRSFFSFLGEAFDGARDMWRAYSDMREANYIGSDKYFHARGNYDAAKRGPGGV WAAEAISDARENIQR FFGHGAEDSLADQAADEWGRSGKDPNHFRPAGLPEKY

**Background** 

Serum Amyloid A1 Protein (SAA1) is an acute phase apolipoprotein reactant that is produced predominantly by hepatocytes and is under the regulation of inflammatory cytokines. SAA is produced mainly in the liver and circulates in low levels in the blood. SAA may play a role in the immune system and facilitate the repair of injured tissues, it also acts as an antibacterial agent, and signals the migration of germ-fighting cells to sites of infection. SAA also functions as an apolipoprotein of the HDL complex. The SAA cleavage product designated amyloid protein A is deposited systemically as amyloid in vital organs such as the liver, spleen, and kidneys in chronic inflammatory diseases patients. These deposits are extremely insoluble and resistant to proteolysis; they disrupt tissue structure and compromise performance.



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