Human DC-SIGNR / CD299 / CLEC4M Protein (Fc Tag)

Catalog Number: 10559-H01H

Sino Biological
Biological Solution Specialist

General Information

Gene Name Synonym:

CD209L; CD299; CLEC4M; DC-SIGN2; DC-SIGNR; DCSIGNR; HP10347; L-SIGN; LSIGN; MGC129964; MGC47866

Protein Construction:

A DNA sequence encoding the extracellular domain (Ser 78-Glu 399) of human DC-SIGNR (NP_055072.3) was fused with the Fc region of human IgG1 at the N-terminus.

Source: Human

Expression Host: HEK293 Cells

QC Testing

Purity: > 90 % as determined by SDS-PAGE

Endotoxin:

< 1.0 EU per μg of the protein as determined by the LAL method

Stability:

Samples are stable for up to twelve months from date of receipt at -70 ℃

Predicted N terminal: Glu 20

Molecular Mass:

The recombinant human DC-SIGNR/Fc is a disulfide-linked homodimer after removal of the signal peptide. The reduced monomer consists of 580 amino acids and has a predicted molecular mass of 65 kDa. As a result of glycosylation, the apparent molecular mass of rhDC-SIGNR/Fc is approximately 65.83 kDa.

Formulation:

Lyophilized from sterile PBS, pH 7.4

Normally 5 % - 8 % trehalose, mannitol and 0.01% Tween80 are added as protectants before lyophilization. Specific concentrations are included in the hardcopy of COA. Please contact us for any concerns or special requirements.

Usage Guide

Storage:

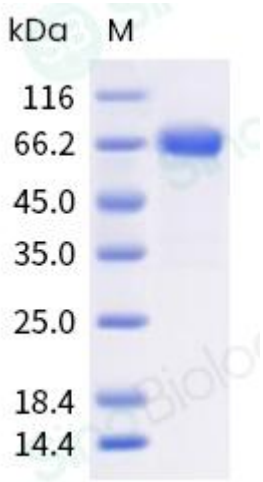
Store it under sterile conditions at -20℃ to -80℃ upon receiving. Recommend to aliquot the protein into smaller quantities for optimal storage.

Avoid repeated freeze-thaw cycles.

Reconstitution:

Detailed reconstitution instructions are sent along with the products.

SDS-PAGE:



Protein Description

C-type lectin domain family 4, member M, also known as DC-SIGNR and CLEC4M, is a type II integral membrane protein that is 77% amino acid identical to DC-SIGN, an HIV gp120-binding protein. Though the encoded gene located in the same chromosome, DC-SIGN is expressed solely on dendritic cells, while DC-SIGNR is predominantly found in liver sinusoidal endothelial cells and lymph node, as well as placental endothelium. DC-SIGNR exists as a homotetramer, and the tandem repeat domain, also called neck domain, mediates oligermerization. DC-SIGNR is ragarded as a pathogen-recognition receptor involved in peripheral immune surveillance in liver, and probably mediate the endocytosis of pathogens which are subsequently degraded in lysosomal compartments. DC-SIGNR appears to selectively recognize and bind many viral surface glycoproteins containing high mannose N-linked oligosaccharides in a calcium-dependent manner, including HIV-1 gp120, HIV-2 gp120, SIV gp120, ebolavirus glycoproteins, HCV E2, and human SARS coronavirus protein S, as well as the cellular adhesion protein ICAM3. DC-SIGNR have been thought to play an important role in establishing HIV infection by enhancing trans-infection of CD4(+)T cells in the regional lymph nodes. It may affect susceptibility to HIV infection by a mechanism that is different in females and males. DC-SIGNR can bind to hepatitis C virus (HCV), and its polymorphism might affect HCV loads supporting the concept that DC-SIGNR contributes to HCV replication efficacy.