### Human Folate Binding Protein/FBP peptide ab87124

**Description**

<table>
<thead>
<tr>
<th>Product name</th>
<th>Human Folate Binding Protein/FBP peptide</th>
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</thead>
<tbody>
<tr>
<td>Purity</td>
<td>70 - 90% by HPLC.</td>
</tr>
<tr>
<td>Animal free</td>
<td>No</td>
</tr>
<tr>
<td>Nature</td>
<td>Synthetic</td>
</tr>
<tr>
<td>Species</td>
<td>Human</td>
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**Specifications**

Our [Abpromise guarantee](#) covers the use of **ab87124** in the following tested applications. The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

**Form**  
Liquid

**Additional notes**

- First try to dissolve a small amount of peptide in either water or buffer. The more charged residues on a peptide, the more soluble it is in aqueous solutions.
- If the peptide doesn't dissolve try an organic solvent e.g. DMSO, then dilute using water or buffer.
- Consider that any solvent used must be compatible with your assay. If a peptide does not dissolve and you need to recover it, lyophilise to remove the solvent.
- Gentle warming and sonication can effectively aid peptide solubilisation. If the solution is cloudy or has gelled the peptide may be in suspension rather than solubilised.
- Peptides containing cysteine are easily oxidised, so should be prepared in solution just prior to use.

Previously labelled as Folate Binding Protein

**Preparation and Storage**

**Stability and Storage**  
Shipped at 4°C. Upon delivery aliquot and store at -20°C or -80°C. Avoid repeated freeze / thaw cycles.

Information available upon request.

**General Info**
Function
Binds to folate and reduced folic acid derivatives and mediates delivery of 5-methyltetrahydrofolate to the interior of cells.

Tissue specificity
Exclusively expressed in tissues of epithelial origin. Expression is increased in malignant tissues. Expressed in kidney, lung and cerebellum.

Involvement in disease
Defects in FOLR1 are the cause of neurodegeneration due to cerebral folate transport deficiency (NCFTD) [MIM:613068]. NCFTD is an autosomal recessive disorder resulting from brain-specific folate deficiency early in life. Onset is apparent in late infancy with severe developmental regression, movement disturbances, epilepsy, and leukodystrophy. Note=Recognition and diagnosis of this disorder is critical because folinic acid therapy can reverse the clinical symptoms and improve brain abnormalities and function.

Sequence similarities
Belongs to the folate receptor family.

Post-translational modifications
Eight disulfide bonds are present. The secreted form is derived from the membrane-bound form either by cleavage of the GPI anchor, or/and by proteolysis catalyzed by a metalloprotease.

Cellular localization
Cell membrane. Secreted.

Please note: All products are “FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES”

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