abcam

Product datasheet

Human Met (c-Met) peptide ab167073

Description

Product name	Human Met (c-Met) peptide
Purity	> 90 % n/a.
Animal free	No
Nature	Synthetic
Species	Human

Specifications

Our Abpromise guarantee covers the use of **ab167073** in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Applications	Blocking - Blocking peptide for Anti-Met (c-Met) antibody [EP1454Y] - N-terminal (ab51067)
Form	Lyophilized
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.*

Preparation and Storage

Stability and Storage	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles. Information available upon request.

General Info

Function	Receptor for hepatocyte growth factor and scatter factor. Has a tyrosine-protein kinase activity.

	Functions in cell proliferation, scattering, morphogenesis and survival.
Involvement in disease	Note=Activation of MET after rearrangement with the TPR gene produces an oncogenic protein. Note=Defects in MET may be associated with gastric cancer. Defects in MET are a cause of hepatocellular carcinoma (HCC) [MIM:114550]. Defects in MET are a cause of renal cell carcinoma papillary (RCCP) [MIM:605074]. It is a subtype of renal cell carcinoma tending to show a tubulo-papillary architecture formed by numerous, irregular, finger-like projections of connective tissue. Renal cell carcinoma is a heterogeneous group of sporadic or hereditary carcinoma derived from cells of the proximal renal tubular epithelium. It is subclassified into common renal cell carcinoma (clear cell, non-papillary carcinoma), papillary renal cell carcinoma, chromophobe renal cell carcinoma, collecting duct carcinoma with medullary carcinoma of the kidney, and unclassified renal cell carcinoma. Note=A common allele in the promoter region of the MET shows genetic association with susceptibility to autism in some families. Functional assays indicate a decrease in MET promoter activity and altered binding of specific transcription factor complexes. Note=MET activating mutations may be involved in the development of a highly malignant, metastatic syndrome known as cancer of unknown primary origin (CUP) or primary occult malignancy. Systemic neoplastic spread is generally a late event in cancer progression. However, in some instances, distant dissemination arises at a very early stage, so that metastases reach clinical relevance before primary lesions. Sometimes, the primary lesions cannot be identified in spite of the progresses in the diagnosis of malignancies.
Sequence similarities	Belongs to the protein kinase superfamily. Tyr protein kinase family. Contains 3 IPT/TIG domains. Contains 1 protein kinase domain. Contains 1 Sema domain.
Domain	The kinase domain is involved in SPSB1 binding.
Post-translational modifications	Dephosphorylated by PTPRJ at Tyr-1349 and Tyr-1365.
Cellular localization	Membrane.

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