Native Human Cardiac Troponin T protein ab9937

Overview

Product name: Native Human Cardiac Troponin T protein
Protein length: Full length protein

Description

Nature: Native
Source: Native
Amino Acid Sequence
Accession: P45379
Species: Human
Sequence:
MSDIEEVVEYEEEQEEAAVEEQQEAAEDAEAEA
ETEETRAEDEEE
EAEKAEDGPEEESKPKPSPFMPLVPPKIPGERVD
FDDIHRKRMKDLN
ELQALIAHFAENRKEEEEELVSLDRIEKRAERAEQQ
RRNREKERQN
RLAEERARREEEENRRVAKDEARKKALSNNMMHFGG
YIQQAOERTKSGK
RQTEREKKKKILAEERRVLAIDHLNEDQLREKAKELEWQ
TYNLEAESFDL
QEKFQQKYEINVLRNNRIDNQKVSCKTGAKVTGRW
K

Specifications

Applicatons: SDS-PAGE
Form: Liquid
Additional notes: Native Human Cardiac Troponin-T

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.

pH: 8.00

Constituents: 36.03% Urea, 0.117% Beta mercaptoethanol, 0.79% Tris HCl, 0.029% EDTA, 1.45% Sodium chloride

**General Info**

**Function**

Troponin T is the tropomyosin-binding subunit of troponin, the thin filament regulatory complex which confers calcium-sensitivity to striated muscle actomyosin ATPase activity.

**Tissue specificity**

Heart. The fetal heart shows a greater expression in the atrium than in the ventricle, while the adult heart shows a greater expression in the ventricle than in the atrium. Isoform 6 predominates in normal adult heart. Isoforms 1, 7 and 8 are expressed in fetal heart. Isoform 7 is also expressed in failing adult heart.

**Involvement in disease**

Defects in TNNT2 are the cause of cardiomyopathy familial hypertrophic type 2 (CMH2) [MIM:115195]. Familial hypertrophic cardiomyopathy is a hereditary heart disorder characterized by ventricular hypertrophy, which is usually asymmetric and often involves the interventricular septum. The symptoms include dyspnea, syncope, collapse, palpitations, and chest pain. They can be readily provoked by exercise. The disorder has inter- and intrafamilial variability ranging from benign to malignant forms with high risk of cardiac failure and sudden cardiac death.

Defects in TNNT2 are the cause of cardiomyopathy dilated type 1D (CMD1D) [MIM:601494]. Dilated cardiomyopathy is a disorder characterized by ventricular dilation and impaired systolic function, resulting in congestive heart failure and arrhythmia. Patients are at risk of premature death.

Defects in TNNT2 are the cause of cardiomyopathy familial restrictive type 3 (RCM3) [MIM:612422]. Restrictive cardiomyopathy is a heart disorder characterized by impaired filling of the ventricles with reduced diastolic volume, in the presence of normal or near normal wall thickness and systolic function.

**Sequence similarities**

Belongs to the troponin T family.

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