

## Product datasheet

### IRF5 peptide ab174256

[1 Image](#)

#### Description

Product name	IRF5 peptide
Animal free	No
Nature	Synthetic

#### Specifications

Our **Abpromise guarantee** covers the use of **ab174256** in the following tested applications.

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

Applications	Blocking
Form	Liquid
Additional notes	<ul style="list-style-type: none"> <li>- 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.</li> <li>- If the peptide doesn't dissolve try an organic solvent e.g. DMSO, then dilute using water or buffer.</li> <li>- 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.</li> <li>- 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.</li> <li>- Peptides containing cysteine are easily oxidised, so should be prepared in solution just prior to use.</li> </ul>

#### Preparation and Storage

Stability and Storage	Shipped at 4°C. Store at -20°C.
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#### General Info

Involvement in disease	Genetic variations in IRF5 are associated with susceptibility to inflammatory bowel disease type 14 (IBD14) [MIM:612245]. IBD14 is a chronic, relapsing inflammation of the gastrointestinal tract with a complex etiology. It is subdivided into Crohn disease and ulcerative colitis phenotypes. Crohn disease may affect any part of the gastrointestinal tract from the mouth to the anus, but most frequently it involves the terminal ileum and colon. Bowel inflammation is transmural and
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discontinuous; it may contain granulomas or be associated with intestinal or perianal fistulas. In contrast, in ulcerative colitis, the inflammation is continuous and limited to rectal and colonic mucosal layers; fistulas and granulomas are not observed. Both diseases include extraintestinal inflammation of the skin, eyes, or joints.

Genetic variations in IRF5 are associated with susceptibility to systemic lupus erythematosus type 10 (SLEB10) [MIM:612251]. Systemic lupus erythematosus (SLE) is a chronic, inflammatory and often febrile multisystemic disorder of connective tissue. It affects principally the skin, joints, kidneys and serosal membranes. It is thought to represent a failure of the regulatory mechanisms of the autoimmune system.

Genetic variations in IRF5 are a cause of susceptibility to rheumatoid arthritis (RA) [MIM:180300]. It is a systemic inflammatory disease with autoimmune features and a complex genetic component. It primarily affects the joints and is characterized by inflammatory changes in the synovial membranes and articular structures, widespread fibrinoid degeneration of the collagen fibers in mesenchymal tissues, and by atrophy and rarefaction of bony structures.

### Sequence similarities

Belongs to the IRF family.





Contains 1 IRF tryptophan pentad repeat DNA-binding domain.

### Cellular localization

Nucleus.

## Images

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IRF5 peptide (ab174256)

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