abcam

Product datasheet

Recombinant Human TACI protein ab50090

Description

Product name	Recombinant Human TACI protein
Purity	> 95 % SDS-PAGE. ab50090 purity was assessed also by HPLC. Endotoxin level is less than 0.1 ng per µg (1EU/µg).
Endotoxin level	< 0.100 Eu/µg
Expression system	Escherichia coli
Protein length	Protein fragment
Animal free	No
Nature	Recombinant
Species	Human
Sequence	SGLGRSRRGG RSRVDQEERF PQGLWTGVAM RSCPEEQYWD PLLGTCMSCK TICNHQSQRT CAAFCRSLSC RKEQGKFYDH LLRDCISCAS ICGQHPKQCA YFCENKLRSP VNLPPELRRQ RSGEVENNSD NSGRYQGLEH RGSEASPALP GLKLSADQV
Amino acids	1 to 159

Specifications

Our **Abpromise guarantee** covers the use of **ab50090** in the following tested applications.

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

Applications	SDS-PAGE Functional Studies
Form	Lyophilized
Additional notes	Soluble TACI inhibits APRIL-stimulated proliferation of primary B-cells by blocking the binding of APRIL to the membrane anchored TACI receptor.

Preparation and Storage

Stability and Storage	Shipped at 4°C. The lyophilized protein is stable for a few weeks at room temperature. Store at -20°C long term.

Reconstitution	Reconsitute to 1mg/ml in distilled water.

General Info

Function	Receptor for TNFSF13/APRIL and TNFSF13B/TALL1/BAFF/BLYS that binds both ligands with similar high affinity. Mediates calcineurin-dependent activation of NF-AT, as well as activation of NF-kappa-B and AP-1. Involved in the stimulation of B- and T-cell function and the regulation of humoral immunity.
Tissue specificity	Highly expressed in spleen, thymus, small intestine and peripheral blood leukocytes. Expressed in resting B-cells and activated T-cells, but not in resting T-cells.
Involvement in disease	Defects in TNFRSF13B are the cause of immunodeficiency common variable type 2 (CVID2) [MIM:240500]. CVID2 is a primary immunodeficiency characterized by antibody deficiency, hypogammaglobulinemia, recurrent bacterial infections and an inability to mount an antibody response to antigen. The defect results from a failure of B-cell differentiation and impaired secretion of immunoglobulins; the numbers of circulating B cells is usually in the normal range, but can be low. Defects in TNFRSF13B are a cause of immunoglobulin A deficiency 2 (IGAD2) [MIM:609529]. Selective deficiency of immunoglobulin A (IGAD) is the most common form of primary immunodeficiency, with an incidence of approximately 1 in 600 individuals in the western world. Individuals with symptomatic IGAD often have deficiency of IgG subclasses or decreased antibody response to carbohydrate antigens such as pneumococcal polysaccharide vaccine. Individuals with IGAD also suffer from recurrent sinopulmonary and gastrointestinal infections and have an increased incidence of autoimmune disorders and of lymphoid and non-lymphoid malignancies. In vitro studies have suggested that some individuals with IGAD have impaired isotype class switching to IgA and others may have a post-switch defect. IGAD and CVID have been known to coexist in families. Some individuals initially present with IGAD1 and then develop CVID. These observations suggest that some cases of IGAD and CVID may have a common etiology.
Sequence similarities	Contains 2 TNFR-Cys repeats.
Cellular localization	Membrane.

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