# abcam

# Product datasheet

# Recombinant human TACI protein (Active) ab243790

# 1 Image

**Description** 

Product name Recombinant human TACI protein (Active)

Biological activity Fully biologically active when compared to standard. The biological activity is determined by its

ability to block human BAFF induced T2B cell survival using a concentration range of 1.0-

3.0 µg/ml.

Purity > 95 % SDS-PAGE.

>95% as determined by SDS-PAGE and HPLC.

Expression system < 1.000 Eu/µg
Expression system

Accession O14836

Protein length Protein fragment

Animal free No

**Nature** Recombinant

Species Human

**Sequence** MSGLGRSRRGGRSRVDQEERFPQGLWTGVAMRSCPEE

QYWDPLLGTCMSC

KTICNHQSQRTCAAFCRSLSCRKEQGKFYDHLLRDCISCA

SICGQHPKQC

AYFCENKLRSPVNLPPELRRQRSGEVENNSDNSGRYQGL

EHRGSEASPAL PGLKLSADQV

Predicted molecular weight 18 kDa

Amino acids 1 to 160

#### **Specifications**

Our <u>Abpromise guarantee</u> covers the use of ab243790 in the following tested applications.

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

**Applications** HPLC

SDS-PAGE

**Functional Studies** 

Form Lyophilized

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#### **Preparation and Storage**

**Stability and Storage** 

Shipped at 4°C. Store at -20°C or -80°C. Avoid freeze / thaw cycle.

Constituent: PBS

0.2 µm filtered

This product is an active protein and may elicit a biological response in vivo, handle with caution.

Reconstitution

We recommend that this vial be briefly centrifuged prior to opening to bring the contents to the bottom. Reconstitute in sterile distilled water or aqueous buffer containing 0.1% BSA to a concentration of 0.1-1.0 mg/mL. Stock solutions should be apportioned into working aliquots and stored at =-20 °C. Further dilutions should be made in appropriate buffered solutions.

#### **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.

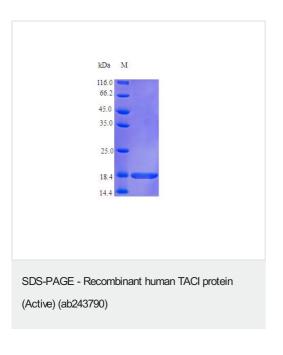
Sequence similarities

Contains 2 TNFR-Cys repeats.

**Cellular localization** 

Membrane.

#### **Images**



SDS-PAGE analysis of ab243790

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

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