

## Product datasheet

# Recombinant Human CTLA4 protein ab173526

### Overview

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<b>Product name</b>	Recombinant Human CTLA4 protein
<b>Protein length</b>	Protein fragment

### Description

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<b>Nature</b>	Recombinant
<b>Source</b>	Escherichia coli
<b>Amino Acid Sequence</b>	
<b>Accession</b>	<a href="#">P16410</a>
<b>Species</b>	Human
<b>Sequence</b>	<p>MGSSHHHHHH SSGLVPRGSH MGSKAMHVAQ            PAVVLASSRG IASFVCEYAS PGKATEVRVT            VLRQADSQVT EVCAATYMMG NELTFLDDSI            CTGTSSGNQV NLTIQGLRAM DTGLYICKVE            LMYPPPYLG IINGTQIYI DPEPCPDSD</p>
<b>Molecular weight</b>	16 kDa including tags
<b>Amino acids</b>	36 to 161
<b>Tags</b>	His tag N-Terminus
<b>Additional sequence information</b>	Corresponds to the extracellular domain.

### Specifications

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Our [Abpromise guarantee](#) covers the use of **ab173526** in the following tested applications.

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

<b>Applications</b>	SDS-PAGE
<b>Purity</b>	>90% by SDS-PAGE.
<b>Form</b>	Liquid

### Preparation and Storage

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<b>Stability and Storage</b>	Shipped at 4°C. Store at +4°C short term (1-2 weeks). Upon delivery aliquot. Store at -20°C long
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term. Avoid freeze / thaw cycle. For long term storage it is recommended to add a carrier protein on reconstitution (0.1% HSA or BSA).

## General Info

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<b>Function</b>	Inhibitory receptor acting as a major negative regulator of T-cell responses. The affinity of CTLA4 for its natural B7 family ligands, CD80 and CD86, is considerably stronger than the affinity of their cognate stimulatory coreceptor CD28.
<b>Tissue specificity</b>	Widely expressed with highest levels in lymphoid tissues. Detected in activated T-cells where expression levels are 30- to 50-fold less than CD28, the stimulatory coreceptor, on the cell surface following activation.
<b>Involvement in disease</b>	<p>Genetic variation in CTLA4 influences susceptibility to systemic lupus erythematosus (SLE) [MIM:152700]. SLE is a chronic, inflammatory and often febrile multisystemic disorder of connective tissue. It affects principally the skin, joints, kidneys and serosal membranes. SLE is thought to represent a failure of the regulatory mechanisms of the autoimmune system.</p> <p>Note=Genetic variations in CTLA4 may influence susceptibility to Graves disease, an autoimmune disorder associated with overactivity of the thyroid gland and hyperthyroidism.</p> <p>Genetic variation in CTLA4 is the cause of susceptibility to diabetes mellitus insulin-dependent type 12 (IDDM12) [MIM:601388]. A multifactorial disorder of glucose homeostasis that is characterized by susceptibility to ketoacidosis in the absence of insulin therapy. Clinical features are polydipsia, polyphagia and polyuria which result from hyperglycemia-induced osmotic diuresis and secondary thirst. These derangements result in long-term complications that affect the eyes, kidneys, nerves, and blood vessels.</p> <p>Genetic variation in CTLA4 is the cause of susceptibility to celiac disease type 3 (CELIAC3) [MIM:609755]. It is a multifactorial disorder of the small intestine that is influenced by both environmental and genetic factors. It is characterized by malabsorption resulting from inflammatory injury to the mucosa of the small intestine after the ingestion of wheat gluten or related rye and barley proteins. In its classic form, celiac disease is characterized in children by malabsorption and failure to thrive.</p>
<b>Sequence similarities</b>	Contains 1 Ig-like V-type (immunoglobulin-like) domain.
<b>Post-translational modifications</b>	<p>N-glycosylation is important for dimerization.</p> <p>Phosphorylation at Tyr-201 prevents binding to the AP-2 adapter complex, blocks endocytosis, and leads to retention of CTLA4 on the cell surface.</p>
<b>Cellular localization</b>	Cell membrane. Exists primarily an intracellular antigen whose surface expression is tightly regulated by restricted trafficking to the cell surface and rapid internalisation and.

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