Product Name: Recombinant Human FAH (C-6His)

Catalog #: PHH0692



Summary

Name Fumarylacetoacetase/FAH

Purity Greater than 95% as determined by reducing SDS-PAGE

Endotoxin level <1 EU/μg as determined by LAL test.

Construction Recombinant Human Fumarylacetoacetase is produced by our Mammalian

expression system and the target gene encoding Ser2-Ser419 is expressed

with a 6His tag at the C-terminus.

Accession # P16930

Host Human Cells

Species Human

Predicted Molecular Mass 47.4 KDa

Formulation Lyophilized from a 0.2 µm filtered solution of 20mM Tris-HCl, 150mM NaCl, pH

8.5.

Shipping The product is shipped at ambient temperature. Upon receipt, store it

immediately at the temperature listed below.

Stability&Storage Store at \leq -70°C, stable for 6 months after receipt. Store at \leq -70°C, stable for 3

months under sterile conditions after opening. Please minimize freeze-thaw

cycles.

Reconstitution Always centrifuge tubes before opening. Do not mix by vortex or pipetting. It is

not recommended to reconstitute to a concentration less than 100µg/ml. Dissolve the lyophilized protein in distilled water. Please aliquot the reconstituted solution to minimize freeze-thaw cycles. Always centrifuge tubes before opening. Do not mix by vortex or pipetting. It is not recommended to reconstitute to a concentration less than 100µg/ml. Dissolve the lyophilized protein in distilled water. Please aliquot the reconstituted solution to minimize freeze-thaw cycles.

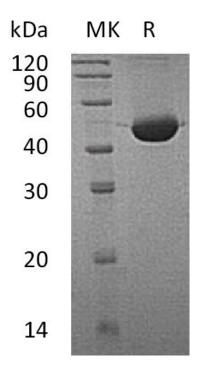
SDS-PAGE image

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Alternative Names

Fumarylacetoacetase; FAA; Beta-Diketonase; Fumarylacetoacetate Hydrolase; FAH

Background

Fumarylacetoacetase belongs to the FAH family. Fumarylacetoacetase is primary expressed in liver and kidney. It exists as a homodimer and catalyzes the hydrolysis of 4-fumarylacetoacetate into fumarate and acetoacetate. Defects in Fumarylacetoacetase cause tyrosinemia type 1, which is congenital metabolism defect characterized by elevated levels of tyrosine in the blood and urine, and hepatorenal manifestations. Typical features include renal tubular injury, self-mutilation, hepatic necrosis, episodic weakness, and seizures.

Note

For Research Use Only, Not for Diagnostic Use.