

DESCRIPTION

Source *E. coli*-derived
Asn2-His491, with an N-terminal Met and 6-His tag
Accession # P43490

N-terminal Sequence Analysis Met

Predicted Molecular Mass 56 kDa

SPECIFICATIONS

SDS-PAGE 55 kDa, reducing conditions

Activity Measured by its ability to induce VEGF secretion by PC-3 human prostate cancer cells.
The ED₅₀ for this effect is typically 1-5 µg/mL

Endotoxin Level <0.10 EU per 1 µg of the protein by the LAL method.

Purity >90%, by SDS-PAGE with silver staining.

Formulation Lyophilized from a 0.2 µm filtered solution in HEPES, NaCl, EDTA, TCEP and Tween. See Certificate of Analysis for details.

PREPARATION AND STORAGE

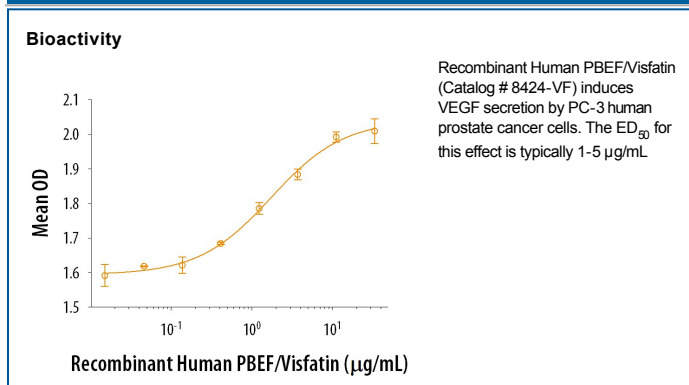
Reconstitution Reconstitute at 500 µg/mL in sterile PBS.

Shipping The product is shipped at ambient temperature. Upon receipt, store it immediately at the temperature recommended below.

Stability & Storage Use a manual defrost freezer and avoid repeated freeze-thaw cycles.

- 12 months from date of receipt, -20 to -70 °C as supplied.
- 1 month, 2 to 8 °C under sterile conditions after reconstitution.
- 3 months, -20 to -70 °C under sterile conditions after reconstitution.

DATA



BACKGROUND

PBEF, also called Visfatin and NAMPT, is a dimeric type II phosphoribosyltransferase (1). It was initially identified as a secreted cytokine that synergized with IL-7 and SCF to stimulate early stage B cells (2). Human PBEF is predominantly expressed in bone marrow, liver, and muscle, with lower levels found in placenta, kidney, heart, and lung (2). Human PBEF shares 96% and 95% amino acid sequence identity with mouse and rat PBEF, respectively. PBEF has been identified both as an intracellular and as an extracellular protein. Within the cell, PBEF converts nicotinamide to nicotinamide mononucleotide (NMN), which is the rate limiting step in the production of nicotinamide adenine dinucleotide (NAD⁺) (3, 4). In the extracellular environment, PBEF has been reported to increase the production of inflammatory cytokines and have an important role in the development of T and B cells (5-7). Additionally, PBEF may promote angiogenesis *in vivo* in an ERK1/2-dependent manner (8). PBEF has been implicated in several inflammatory diseases, including rheumatoid arthritis, osteoarthritis, inflammatory bowel disease, and sepsis (9). PBEF over-expression has been observed in many cancer types (10).

References:

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