

DESCRIPTION

Source Mouse myeloma cell line, NS0-derived
Gly26-Ser406 (Lys163Ala, Arg164Ala), with a C-terminal 6-His tag
Accession # Q9BY76

N-terminal Sequence Analysis Gly26

Structure / Form Oligomer. Biotinylated via sugars

Predicted Molecular Mass 44 kDa (unlabeled)

SPECIFICATIONS

Activity Measured by its ability to promote the expansion of E16 rat liver mononuclear cells *in vitro*, in the presence of Recombinant Mouse SCF/c-kit Ligand (Catalog # 455-MC), Recombinant Mouse Thrombopoietin/Tpo (Catalog # 488-TO), and Recombinant Mouse Flt-3 Ligand (Catalog # 427-FL).
The ED₅₀ for this effect is 100-600 ng/mL in the presence of a cross-linking antibody, His Tag MAb, Mouse Anti-polyHistidine Monoclonal Antibody (Catalog # MAB050).

Endotoxin Level <1.0 EU per 1 µg of the protein by the LAL method.

Purity >95%, by SDS-PAGE visualized with Silver Staining and quantitative densitometry by Coomassie® Blue Staining.

Formulation Lyophilized from a 0.2 µm filtered solution in MOPS, NaCl and CHAPS. See Certificate of Analysis for details.

PREPARATION AND STORAGE

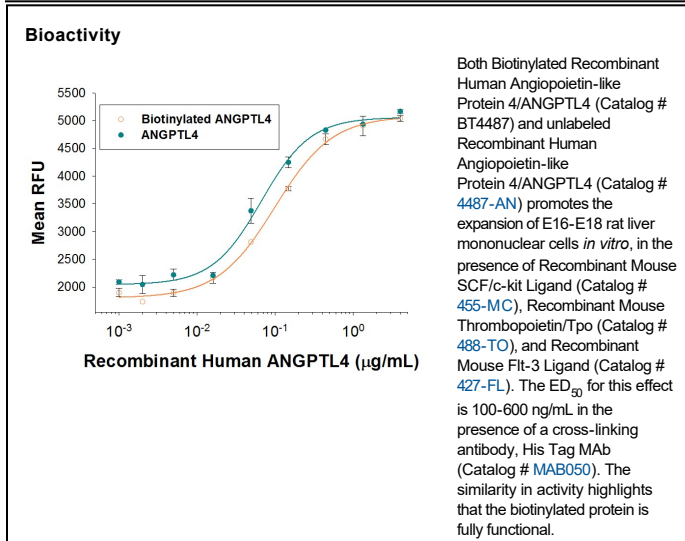
Reconstitution Reconstitute at 500 µg/mL in PBS.

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

Angiotensin-like 4 (ANGPTL4), also known as FIAF, FARP, and PGAR, is a 55 kDa glycoprotein secreted by the liver and fat tissue. It is structurally related to the angiotensins and contains an N-terminal coiled coil domain and a C-terminal fibrinogen-like domain which can be proteolytically separated in vivo (1). Mature human ANGPTL4 shares 26% - 30% amino acid (aa) sequence identity with ANGPTL1, 2, 3, 5, 6, and 7. It shares approximately 75% aa sequence identity with mouse and rat ANGPTL4. The coiled coil domain, which is not glycosylated, mediates the formation of variable sized disulfide-linked oligomers (2). This domain directly inhibits lipoprotein lipase, resulting in increased circulating triglyceride levels (3, 4). In humans, the N-terminal fragment and full length ANGPTL4 physically associate with HDL (4). In mouse, however, full length ANGPTL4 associates with HDL, while the N-terminal fragment associates with LDL (4). Circulating ANGPTL4 is decreased in type II diabetics with a subsequent loss of its normal plasma glucose lowering activity (5). Its expression in adipose tissue is induced by fasting and suppressed by feeding (6). In hypoxic areas, ANGPTL4 is induced in both vascular endothelial cells and tumor cells (7, 8). The N-terminal fragment can function as an angiogenesis inhibitor (7, 8). In contrast, the C-terminal fragment modulates cell adhesion through interactions with heparan sulfate proteoglycans, Integrins β 1 and β 5, Vitronectin, and Fibronectin, thereby promoting keratinocyte migration and wound healing (7, 9, 10). ANGPTL4 additionally enhances the survival of hematopoietic and mesenchymal stem cells (11, 12). The expression of an undersialylated form of ANGPTL4 in renal podocytes contributes to proteinuria and nephrotic syndrome (13).

References:

1. Zhu, P. *et al.* (2012) *Biosci. Rep.* **32**:211.
2. Ge, H. *et al.* (2004) *J. Biol. Chem.* **279**:2038.
3. Sukonina, V. *et al.* (2006) *Proc. Natl. Acad. Sci. USA* **103**:17450.
4. Mandard, S. *et al.* (2006) *J. Biol. Chem.* **281**:934.
5. Xu, A. *et al.* (2005) *Proc. Natl. Acad. Sci. USA* **102**:6086.
6. Kersten, S. *et al.* (2000) *J. Biol. Chem.* **275**:28488.
7. Cazes, A. *et al.* (2006) *Circ. Res.* **99**:1207.
8. Le Jan, S. *et al.* (2003) *Am. J. Pathol.* **162**:1521.
9. Goh, Y.Y. *et al.* (2010) *Am. J. Pathol.* **177**:2791.
10. Goh, Y.Y. *et al.* (2010) *J. Biol. Chem.* **285**:32999.
11. Blank, U. *et al.* (2012) *Eur. J. Haematol.* **89**:198.
12. Hou, M. *et al.* (2014) *PLoS ONE* **9**:e85808.
13. Clement, L.C. *et al.* (2011) *Nat. Med.* **17**:117.