

APD232Hu01 100µg

**Active Troponin T Type 2, Cardiac (TNNT2)** 

Organism Species: Homo sapiens (Human)

Instruction manual

FOR RESEARCH USE ONLY
NOT FOR USE IN CLINICAL DIAGNOSTIC PROCEDURES

1st Edition (Apr, 2016)

### [PROPERTIES]

Source: Prokaryotic expression.

Host: E. coli

Residues: Met1~Lys295

Tags: N-terminal His and GST Tag

**Purity: >95%** 

**Endotoxin Level:** <1.0EU per 1µg (determined by the LAL method).

Buffer Formulation: 20mM Tris, 150mM NaCl, pH8.0, containing 0.05% sarcosyl

and 5% trehalose.

**Applications:** Cell culture; Activity Assays.

(May be suitable for use in other assays to be determined by the end user.)

Predicted isoelectric point: 4.6

Predicted Molecular Mass: 65.6kDa

**Accurate Molecular Mass:** 70kDa as determined by SDS-PAGE reducing conditions.

Phenomenon explanation:

The possible reasons that the actual band size differs from the predicted are as follows:

- 1. Splice variants: Alternative splicing may create different sized proteins from the same gene.
- 2. Relative charge: The composition of amino acids may affects the charge of the protein.
- 3. Post-translational modification: Phosphorylation, glycosylation, methylation etc.
- 4. Post-translation cleavage: Many proteins are synthesized as pro-proteins, and then cleaved to give the active form.
- 5. Polymerization of the target protein: Dimerization, multimerization etc.

#### [USAGE]

Reconstitute in 20mM Tris, 150mM NaCl (pH8.0) to a concentration of 0.1-1.0 mg/mL. Do not vortex.

#### [STORAGE AND STABILITY]

**Storage:** Avoid repeated freeze/thaw cycles.

Store at 2-8°C for one month.

Aliquot and store at -80°C for 12 months.

**Stability Test:** The thermal stability is described by the loss rate. The loss rate was determined by accelerated thermal degradation test, that is, incubate the protein at 37°C for 48h, and no obvious degradation and precipitation were observed. The loss rate is less than 5% within the expiration date under appropriate storage condition.

#### [SEQUENCE]

MSDIEEVVEE YEEEEQEEAA VEEEEDWRED EDEQEEAAEE DAEAEAETEE TRAEEDEEEE EAKEAEDGPM EESKPKPRSF MPNLVPPKIP DGERVDFDDI HRKRMEKDLN ELQALIEAHF ENRKKEEEEL VSLKDRIERR RAERAEQQRI RNEREKERQN RLAEERARRE EEENRRKAED EARKKKALSN MMHFGGYIQK TERKSGKRQT EREKKKKILA ERRKVLAIDH LNEDQLREKA KELWQSIYNL EAEKFDLOEK FKOOKYEINV LRNRINDNOK VSKTRGKAKV TGRWK

#### [ACTIVITY]

Troponin T Type 2, Cardiac (TNNT2) is one of three troponin isoforms found in the tropomyosin-troponin complex. This complex is responsible for the calcium sensitivity of the contractile apparatus in the muscle. Cardiac Troponin T is used as a biological marker for cardiomyocytes and its level in serum is frequently used as an indicator of myocardial cell injury. Besides, Troponin I Type 3, Cardiac (TNNI3) has been identified as an interactor of TNNT2, thus a binding ELISA assay was conducted to detect the interaction of recombinant human TNNT2 and recombinant human TNNTI3. Briefly, TNNT2 was diluted serially in PBS with 0.01% BSA (pH 7.4). Duplicate samples of 100µl were then transferred to TNNI3-coated microtiter wells and incubated for 1h at 37°C. Wells were washed

with PBST and incubated for 1h with anti-TNNT2 pAb, then aspirated and washed 3 times. After incubation with HRP labelled secondary antibody for 1h at  $37^{\circ}$ C, wells were aspirated and washed 5 times. With the addition of substrate solution, wells were incubated 15-25 minutes at  $37^{\circ}$ C. Finally, add  $50\mu$ L stop solution to the wells and read at 450/630nm immediately. The binding activity of TNNT2 and TNNI3 was shown in Figure 1, and this effect was in a dose dependent manner.

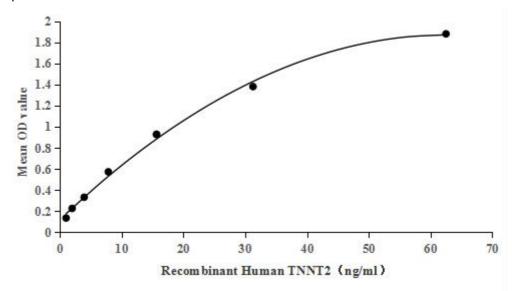


Figure 1. The binding activity of TNNT2 with TNNI3

## [ IDENTIFICATION ]

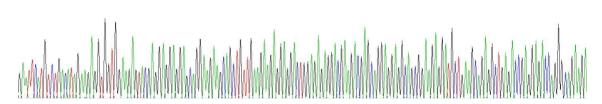


Figure 2. Gene Sequencing (extract)

# Cloud-Clone Corp.



Figure 3. SDS-PAGE

Sample: Active recombinant TNNT2, Human

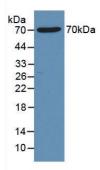


Figure 4. Western Blot

Sample: Recombinant TNNT2, Human;

Antibody: Rabbit Anti- Human TNNT2 Ab (PAA232Hu01)

#### [IMPORTANT NOTE]

The kit is designed for research use only, we will not be responsible for any issue if the kit was used in clinical diagnostic or any other procedures.