

VSIG2 Protein, Human (HEK293, His)

Cat. No.:	HY-P70503
Synonyms:	V-Set and Immunoglobulin Domain-Containing Protein 2; Cortical Thymocyte-Like Protein; CT-Like Protein; VSIG2; CTH; CTXL
Species:	Human
Source:	HEK293
Accession:	Q96IQ7 (V24-A243)
Gene ID:	23584
Molecular Weight:	29-35 kDa

PROPERTIES

AA Sequence	<pre> VEVKVPTEPL STPLGKTAEL TCTYSTSVGD SFALEWSFVQ PGKPISESHPI ILYFTNGHLY PTGSKSKRVS LLQNPPTVGV ATLKLTDVHP SDTGTYLCQV NNPPDFYTNG LGLINLTVLV PPSNPLCSQS GQTSVGGSTA LRCSSSEGAP KPVYNWVRLG TFPTPSPGSM VQDEVSGQLI LTNLSLTSSG TYRCVATNQM GSASCELTLS VTEPSQGRVA </pre>
Appearance	Lyophilized powder.
Formulation	Lyophilized from a 0.2 µm filtered solution of 20 mM PB, 150 mM NaCl, pH 7.2.
Endotoxin Level	<1 EU/µg, determined by LAL method.
Reconstitution	It is not recommended to reconstitute to a concentration less than 100 µg/mL in ddH ₂ O. For long term storage it is recommended to add a carrier protein (0.1% BSA, 5% HSA, 10% FBS or 5% Trehalose).
Storage & Stability	Stored at -20°C for 2 years. After reconstitution, it is stable at 4°C for 1 week or -20°C for longer (with carrier protein). It is recommended to freeze aliquots at -20°C or -80°C for extended storage.
Shipping	Room temperature in continental US; may vary elsewhere.

DESCRIPTION

Background	V-set and immunoglobulin domain-containing protein 2, also known as corticothymocyte-like protein, CT-like protein and VSIG2, is a single-generation type I membrane protein. VSIG2 is highly expressed in the stomach and colon and weakly expressed in the bladder and lungs. VSIG2 is associated with immune invasion and antigen presentation of colon cancer (COAD), and it can be used as a potential biomarker or therapeutic target for COAD. VSIG2 promotes the malignant progression of pancreatic ductal adenocarcinoma through LAMtor2-mediated mTOR activation. VSIG2 has been associated with a variety of diseases, in corneal samples from Fuchs patients with endothelial corneal dystrophy (FECD), in intestinal
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biopsies from patients with irritable bowel syndrome (IBS-D), in plasma from patients with acute tubule injury and interstitial fibrosis/tubular atrophy, and in plasma from patients with sudden heart failure. VSIG2 was found to be significantly upregulated^{[1][2][3]}.

Caution: Product has not been fully validated for medical applications. For research use only.

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