

Product Data Sheet

BMPR1A/ALK-3 Protein, Human (152a.a, HEK293, His)

Cat. No.: HY-P75594

Synonyms: ALK-3; BMPRIA; Bone morphogenetic protein receptor type-1A; SKR5; CD292

Species: HEK293 Source:

Accession: P36894 (Q24-R152)

Gene ID: 657

Molecular Weight: 28-33 kDa

PROPERTIES

Biological Activity	The enzyme activity of this recombinant protein is testing in progress, we cannot offer a guarantee yet.
Appearance	Lyophilized powder.
Formulation	Lyophilized from a 0.2 μ m filtered solution of PBS, pH 7.4. Normally 5 % - 8 % trehalose, mannitol and 0.01% Tween 80 are added as protectants before lyophilization.
Endotoxin Level	<1 EU/µg, determined by LAL method.
Reconsititution	It is not recommended to reconstitute to a concentration less than 100 $\mu g/mL$ in ddH2O.
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

ALK-3 (BMPR1A; ACVRLK3) is the receptor bone morphogenetic protein (BMP) type I receptors, for BMP2, BMP4, GDF5 and GDF6. Among BMP type I receptors, ALK-2 and 3 are widely expressed in tissues, while ALK-1 is more selectively expressed in endothelial cells (ECs)^[1]. Hepcidin, the main regulator of iron metabolism, is synthesized and released by hepatocytes in response to increased body iron concentration and inflammation. BMP/ALK/SMAD pathway controls hepcidin expression, while BMP type I receptors ALK-2 and ALK-3 are responsible for iron-dependent hepcidin upregulation and basal hepcidin expression, respectively, to avoid low hepcidin which causes iron overload or high hepcidin levels which induce ironrestricted erythropoiesis^[2]. ALK-3 positively regulates chondrocyte differentiation through GDF5 interaction and mediates induction of adipogenesis by GDF6^[3]. ALK-3 protein shows function for the initiation of chondrogenesis, for regulating differentiation along the chondrogenic lineage, and for endochondral bone formation^[5]. Components of BMP signaling have been implicated in both pathogenesis of pulmonary arterial hypertension (PAH) and endothelial-mesenchymal transition (EndoMT), and BMPR1A is key to maintain endothelial identity and to prevent excessive EndoMT. BMPR1A-ID2/ZEB1-TGFBR2 signaling axis could serve as a potential novel target for PAH and other EndoMT-related vascular disorders^[4].

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REFERENCES

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- [5]. Jing J, et al. Bmpr1a Signaling in Cartilage Development and Endochondral Bone Formation. Vitam Horm. 2015;99:273-91.
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Caution: Product has not been fully validated for medical applications. For research use only.

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