## Human LRIG1 Protein

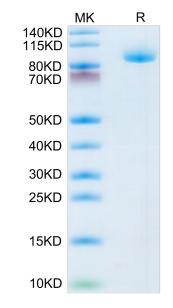
#### Cat. No. LRI-HM101

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| Description         |   |
|---------------------|---|
| Source              | Recombinant Human LRIG1 Protein is expressed from HEK293 with His tag at the C-Terminus.  |
|                     | It contains Ala35-Ser779.   |
| Accession           | Q96JA1-1  |
| Molecular<br>Weight | The protein has a predicted MW of 83 kDa. Due to glycosylation, the protein migrates to 85-105 kDa based on Bis-Tris PAGE result.   |
| Endotoxin           | Less than 1 EU per μg by the LAL method.  |
| Purity              | > 95% as determined by Bis-Tris PAGE  |
| Formulation and S   | Storage   |
| Formulation         | Lyophilized from 0.22µm filtered solution in 50mM MES, 150mM NaCl, 1mM EDTA (pH 5.0). Normally 8% trehalose is added as protectant before lyophilization.   |
| Reconstitution      | Dissolve the lyophilized protein in 50mM MES, 150mM NaCl, 1mM EDTA (pH 5.0). Please refer to the Certificate of Analysis for detailed instructions.   |
| Storage             | -20 to -80°C for 12 months as supplied from date of receipt80°C for 3 months after reconstitution.Recommend to aliquot the protein into smaller quantities for optimal storage. Please minimize freeze-thaw cycles.   |
| Background          |   |
|                     | The leucine-rich repeats and immunoglobulin-like domains (LRIG)-1 is a tumor suppressor gene that belongs to the LRIG family. LRIG1 expression has prognostic significance in various human cancers. Somatic mutations, which are associated with a certain rate of response to targeted therapies, are ubiquitously found in human non-<br>small cell lung cancer (NSCLC). LRIG1 was an independent prognostic factor for OS of NSCLC patients. LRIG1 in combination with other clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stronger prognostic model than clinicopathological risk factors was a stron |
| Assau Data          |   |

#### Assay Data

#### **Bis-Tris PAGE**

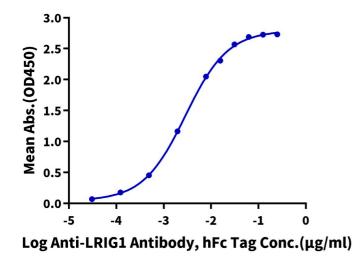


Human LRIG1 on Bis-Tris PAGE under reduced condition. The purity is greater than 95%.



### Human LRIG1, His Tag ELISA

0.2µg Human LRIG1, His Tag Per Well



Immobilized Human LRIG1, His Tag at 2µg/ml (100µl/well) on the plate. Dose response curve for Anti-LRIG1 Antibody, hFc Tag with the EC50 of 2.9ng/ml determined by ELISA.