

# Recombinant Human ACE2 Protein (Fc Tag)

Catalog Number:PKSH030457



**Note:** Centrifuge before opening to ensure complete recovery of vial contents.

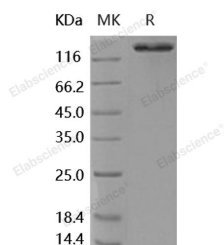
## Description

<b>Synonyms</b>	Angiotensin-Converting Enzyme 2;ACE-Related Carboxypeptidase;Angiotensin-Converting Enzyme Homolog;ACEH;Metalloprotease MPROT15;ACE2
<b>Species</b>	Human
<b>Expression Host</b>	HEK293 Cells
<b>Sequence</b>	Met 1-Ser 740
<b>Accession</b>	NP_068576.1
<b>Calculated Molecular Weight</b>	110.3 kDa
<b>Observed molecular weight</b>	145-150 kDa
<b>Tag</b>	C-hFc
<b>Bioactivity</b>	<ol style="list-style-type: none"><li>1. Using the Octet RED System, the affinity constant (Kd) of human AEC2-Fc bound to Spike (HCoV-EMC/2012) was 6 nM.</li><li>2. Using the Octet RED System, the affinity constant (Kd) of human AEC2-Fc bound to Spike (HCoV-EMC/2012) was 30 nM.</li><li>3. Using the Octet RED System, the affinity constant (Kd) of human AEC2-Fc bound to Spike (HCoV-EMC/2012) (ECD, aa 1-1297) was 30 nM.</li><li>4. Using the Octet RED System, the affinity constant (Kd) of human AEC2-Fc bound to Spike-His (aa 1-760) was 10 nM.</li></ol>

## Properties

<b>Purity</b>	> 95 % as determined by reducing SDS-PAGE.
<b>Endotoxin</b>	< 1.0 EU per µg of the protein as determined by the LAL method.
<b>Storage</b>	Generally, lyophilized proteins are stable for up to 12 months when stored at -20 to -80°C. Reconstituted protein solution can be stored at 4-8°C for 2-7 days. Aliquots of reconstituted samples are stable at < -20°C for 3 months.
<b>Shipping</b>	This product is provided as lyophilized powder which is shipped with ice packs.
<b>Formulation</b>	Lyophilized from sterile 100mM Glycine, 10mM NaCl, 50mM Tris, pH 7.5 Normally 5 % - 8 % trehalose, mannitol and 0.01% Tween80 are added as protectants before lyophilization. Please refer to the specific buffer information in the printed manual.
<b>Reconstitution</b>	Please refer to the printed manual for detailed information.

## Data



> 95 % as determined by reducing SDS-PAGE.

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## Background

Angiotensin-converting enzyme 2 (ACE2), a first homolog of ACE, regulates the renin angiotensin system (RAS) by counterbalancing ACE activity. Accumulating evidence in recent years has demonstrated a physiological and pathological role of ACE2 in the cardiovascular, renal and respiratory systems. ACE2 also has an important role in blood pressure control. This enzyme, an homolog of ACE, hydrolyzes angiotensin (Ang) I to produce Ang-(1-9), which is subsequently converted into Ang-(1-7) by a neutral endopeptidase and ACE. ACE2 releases Ang-(1-7) more efficiently than its catalysis of Ang-(1-9) by cleavage of Pro(7)-Phe(8) bound in Ang II. Thus, the major biologically active product of ACE2 is Ang-(1-7), which is considered to be a beneficial peptide of the RAS cascade in the cardiovascular system. A physiological role for ACE2 has been implicated in hypertension, cardiac function, heart function and diabetes, and as a receptor of the severe acute respiratory syndrome coronavirus. In the acute respiratory distress syndrome (ARDS), ACE, AngII, and AT1R promote the disease pathogenesis, whereas ACE2 and the AT2R protect from ARDS. Importantly, ACE2 has been identified as a key SARS-coronavirus receptor and plays a protective role in severe acute respiratory syndrome (SARS) pathogenesis. Furthermore, the recent explosion of research into the ACE2 homolog, collectrin, has revealed a new physiological function of ACE2 as an amino acid transporter, which explains the pathogenic role of gene mutations in Hartnup disorder.

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