

**DESCRIPTION**

<b>Source</b>	Mouse myeloma cell line, NS0-derived human OX40/TNFRSF4 protein		
	Human OX40 (Leu29-Ala216) Accession # P43489.1	IEGRMD	Human IgG <sub>1</sub> (Pro100-Lys330)
	N-terminus		C-terminus
<b>N-terminal Sequence Analysis</b>	Leu29		
<b>Structure / Form</b>	Disulfide-linked homodimer Labeled with Alexa Fluor® 647 Excitation Wavelength: 650 nm Emission Wavelength: 668nm		
<b>Predicted Molecular Mass</b>	46.7 kDa (monomer)		

**SPECIFICATIONS**

<b>SDS-PAGE</b>	70 kDa, under reducing conditions.
<b>Activity</b>	Measured by flow cytometry for its ability to bind anti-Human OX40/TNFRSF4 Monoclonal Antibody conjugated beads. The concentration of Recombinant Human OX40/TNFRSF4 Fc Chimera Alexa Fluor® 647 (Catalog # AFR3388) that produces 50% of the binding response is 1.5-15 ng/mL.
<b>Endotoxin Level</b>	<1.0 EU per 1 µg of the protein by the LAL method.
<b>Purity</b>	>90%, by SDS-PAGE visualized with Silver Staining and quantitative densitometry by Coomassie® Blue Staining.
<b>Formulation</b>	Supplied as a 0.2 µm filtered solution in PBS with BSA as a carrier protein. See Certificate of Analysis for details.

**PREPARATION AND STORAGE**

<b>Shipping</b>	The product is shipped with dry ice or equivalent. Upon receipt, store it immediately at the temperature recommended below.
<b>Stability &amp; Storage</b>	<b>Protect from light. Use a manual defrost freezer and avoid repeated freeze-thaw cycles.</b> <ul style="list-style-type: none"> <li>• 6 months from date of receipt, -20 to -70 °C as supplied.</li> <li>• 1 month, 2 to 8 °C under sterile conditions after opening.</li> <li>• 3 months, -20 to -70 °C under sterile conditions after opening.</li> </ul>

**DATA**

<p><b>Flow Cytometry</b></p>	<p><b>Flow cytometry analysis for Recombinant Human OX40/TNFRSF4 Fc Chimera Alexa Fluor® 647 staining on anti-Human OX40/TNFRSF4 Monoclonal Antibody conjugated beads.</b> Streptavidin coated beads conjugated to biotinylated anti-Human OX40/TNFRSF4 Monoclonal Antibody were stained with the indicated concentrations of Recombinant Human OX40/TNFRSF4 Fc Chimera Alexa Fluor® 647 (Catalog # AFR3388).</p>	<p><b>SDS-PAGE</b></p>	<p><b>Recombinant Human OX40/TNFRSF4 Fc Chimera Alexa Fluor® 647 Protein SDS-PAGE.</b> 2 µg/lane of Recombinant Human OX40/TNFRSF4 Fc Chimera Alexa Fluor® 647 Protein (Catalog # AFR3388) was resolved with SDS-PAGE under reducing (R) and non-reducing (NR) conditions and visualized by Coomassie® Blue staining, showing bands at 70 kDa and 140 kDa, respectively.</p>
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**BACKGROUND**

OX40 (CD134; TNFRSF4) is a T cell co-stimulatory molecule of the TNF receptor superfamily that coordinates with other co-stimulators (CD28, CD40, CD30, CD27 and 4-1BB) to manage the activation of the immune response (1-3). Human OX40 is a 48 kDa type I transmembrane glycoprotein with a 28 amino acid (aa) signal sequence, a 185 aa extracellular domain (ECD) that contains a cysteine-rich region, a 20 aa transmembrane segment, and a 41 aa cytoplasmic domain (4). The ECD of human OX40 shares 63% sequence identity with the ECD of mouse and rat OX40. OX40 is up-regulated on CD4<sup>+</sup> and CD8<sup>+</sup> T cells upon engagement of the TCR by antigen presenting cells along with co-stimulation by CD40-CD40 Ligand and CD28-B7 (5, 6). OX40 Ligand is primarily expressed on antigen presenting cells (5). OX40 Ligand engagement of OX40 on activated CD4<sup>+</sup> T cells results in increased T cell survival, proliferation, and cytokine production. It also inhibits the conversion of effector T cells into immunosuppressive regulatory T cells (Tregs) and can promote the maintenance of and recall response in memory T cells (3, 7-10). OX40 is constitutively expressed on Tregs and enhances the sensitivity of Tregs to IL-2, thus promoting Treg proliferation. OX40 has also been shown to decrease the cells' immunosuppressive activity on effector T cells (11-14). OX40-OX40 Ligand signaling is involved in allergic airway inflammation, graft-versus-host disease and autoimmune disease (6, 15, 16). Mutations in OX40 and OX40 Ligand are associated with cardiovascular disease (17, 18).

**References:**

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