

BETA-2-MICROGLOBULIN

Abbreviations	ß2M		
Accession Number	P61769		
Source	Human Urine (sourced under approved NRES protocol - IRB equivalent)		
Applications	As a critical component in the preparation of reagents for biosensors, life science, clinical chemistry, control manufacture, ELISA assay, lateral flow.		
Protein Function	Beta-2-microglobulin is an 11.8 kDa protein component of major histocompatibility complex (I) (MHC-I) found on the surface of all cells containing a nucleus. The function of this complex is to display fragments of proteins from within the cell to T-lymphocytes, so that healthy cells are recognised and ignored but cells containing foreign proteins are attacked by the immune system. Additionally, beta-2-microglobulin associates with a non-classical MHC class I alpha-chain to form the neonatal Fc receptor, FcRn. FcRn is a heterodimeric receptor that binds to IgG and albumin, and extends the catabolic half-lives of both these proteins in the blood.¹ It also has a function in regulating the uptake of iron in the small intestine.		
Tissue Occurrence & Abundance	β2M is particularly abundant on the surface of monocytes and leucocytes, from which the protein is released into the blood, especially upon activation of the immune system. Because of its low molecular weight it is removed from the blood by glomerular filtration in the kidney but reabsorbed by the tubular proximal cells. The normal reference range in serum has been reported as 1.05 – 3.9 mg/ml.² Recent reviews and new studies are finding new and important roles for the assessment of levels of β2M.³		
Function in Disease	In cases of renal failure ß2M is eliminated via the kidneys and appears in the urine; blood levels also rise in these patients. Elevated levels of ß2M in the blood are indicative of increased production or release due to a number of disorders, such as multiple myeloma, myeloproliferative disorders (leukaemia and lymphoma) and certain viral infections such as HIV, cytomegalovirus, hepatitis (non A or B) and infectious mononucleosis. ß2M levels are a particular diagnostic of the prognosis of myeloma and HIV patients. In patients on long-term haemodialysis ß2M can aggregate into amyloid fibres that deposit in joint spaces.		
Structure	Molecular weight Amino acids Disulphide bonds pl value(s) Prosthetic group	11.8 kDa 99 1 5.8 None	
+++++++++++++++++++++++++++++++++++++++	Glycosylation	ß2M is not normally glycosylated but 6 lysine residues and the N-terminal isoleucine have been reported as being glycated in cases of patients with haemodialysis associated amyloidosis. ⁴	
+ + + + + + +	Isoforms	A form designated pl 5.3 is associated with the absence of the N-terminal isoleucine and the resultant N-terminal glutamic acid is present as pyrrolidone carboxylic acid.	
& Abundance Function in Disease	which the protein is released into the blood, especially upon activation of the immune system. Because of its low molecular weight it is removed from the blood by glomerular filtration in the kidney but reabsorbed by the tubular proximal cell. The normal reference range in serum has been reported as 1.05 – 3.9 mg/ml. Previews and new studies are finding new and important roles for the assessment levels of B2M. In cases of renal failure B2M is eliminated via the kidneys and appears in the unblood levels also rise in these patients. Elevated levels of B2M in the blood are indicative of increased production or release due to a number of disorders, such as multiple myeloma, myeloproliferative disorders (leukaemia and lymphoma) a certain viral infections such as HIV, cytomegalovirus, hepatitis (non A or B) and infectious mononucleosis. B2M levels are a particular diagnostic of the prognos of myeloma and HIV patients. In patients on long-term haemodialysis B2M can aggregate into amyloid fibres that deposit in joint spaces. Molecular weight 11.8 kDa Amino acids 99 Disulphide bonds 1 pI value(s) 5.8 Prosthetic group None Glycosylation B2M is not normally glycosylated but 6 lysine residues and to N-terminal isoleucine have been reported as being glycated cases of patients with haemodialysis associated amyloidos. Isoforms A form designated pI 5.3 is associated with the absence of the N-terminal isoleucine and the resultant N-terminal		

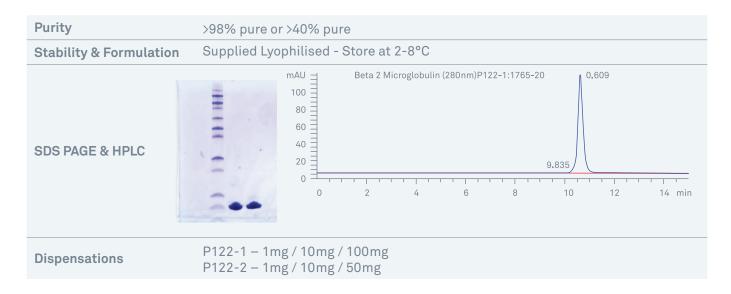


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References	1. Wani, M. A., Haynes, L. D., Kim, J., Bronson, C. L., Chaudhury, C., Mohanty, S., Waldmann, T. A., Robinson, J. M., Anderson, C. L. (2006) Familial hypercatabolic hypoproteinemia caused by deficiency of the neonatal Fc receptor, FcRn, due to a mutant ß2-microglobulin gene Proc. Natl. Acad. Sci. 13: 5084-5089
	2. Filippin, F. B., Souza L. C. (2005) Serum ß2-Microglobulin Values Among Healthy Brazilians Using a DPC Immulite Assay Clinics 60: 47-50
	3. Christos P. Argyropoulos et al. (2017) Rediscovering Beta-2 Microglobulin as a Biomarker across the Spectrum of Kidney Diseases. Frontiers in Medicine 4 (73), 1-25
	4. Miyata, T., Inagi, R., Wada, Y., Ueda, Y., Iida, Y., Takahashi, M., Taniguchi, N., Maeda, K. (1994) Glycation of Human beta.2-Microglobulin in Patients with Haemodialysis-Associated Amyloidosis: Identification of the Glycated Sites Biochemistry, 33: 12215–12221

WHY BBI?

- + Our production facilities allow us to offer large batch sizes ranging from 100 ug to g quantities.
- + With a network of global labs and hospitals, we can access many diverse testing platforms, providing you with the exact analysis results you need.
- + With over 25 years' experience sourcing human biologicals at our HTA approved site; you can be confident in a secure supply.



ORDERING DETAILS - USE THE FOLLOWING CODES WHEN ORDERING

Product	Code	Description
Beta-2-microglobulin	P122-1	> 98% pure supplied Lyophilised sourced from Human Urine
Beta-2-microglobulin	P122-2	> 40% pure supplied Lyophilised sourced from Human Urine