

1.
 - a. 4 – since BPG is a negative effector, the curve will show lower affinity for O₂
 - b. 3 – although there is more hemoglobin, it has the same O₂ affinity
 - c. 1 – a single affinity gives rise to a hyperbolic curve
 - d. 5 – bound CO prevents O₂ binding, but also reduces the ability of Hb to release O₂ at low partial pressures (by keeping it in the R-state)

2. x-axis: pO₂ (values 0-200+ torr); y-axis: θ (values 0-1.0)
'F' curve is hyperbolic, starting at (0,0), passing through (20 torr, 0.5), and asymptotically approaching $\theta = 1.0$
'G' curve is sigmoidal, starting at (0,0), passing through (80 torr, 0.3) and (200 torr, 0.9), and asymptotically approaching $\theta = 1.0$

3.
 - a. True
 - b. True
 - c. True
 - d. False – using different mechanisms is what varies the rate. It is the favorability, or equilibrium state, that is unchanged.

4.
 - a. A, F, G, J, M, R, (and O may be possible, because binding is *reversible*)
 - b. B, E, G, I, K, L, N, O, R, S

5.
 - a. True. The hemoglobin itself is unchanged, so it binds O₂ with the same affinity.
 - b. False. More red blood cells = more hemoglobin = more O₂
 - c. False
 - d. A – *this change substitutes a positively charged amino acid (which could form a salt-bridge with BPG) with a hydrophobic amino acid (with which BPG will not want to interact)*
 - e. At the low pO₂ in the placenta, F hemoglobin will have a higher affinity for O₂ than the mother's hemoglobin, because 2,3-BPG is not binding and stabilizing the T-state (of F Hb). So more F hemoglobin will be in the R-state, binding more O₂, which can be distributed to fetal tissues.

6. Heme iron, distal histidine

7.
 - c. Although different enzymes can function at different pH's, solute concentrations, and temperatures, in general proteins are functional under a smaller range of conditions than other chemical catalysts.