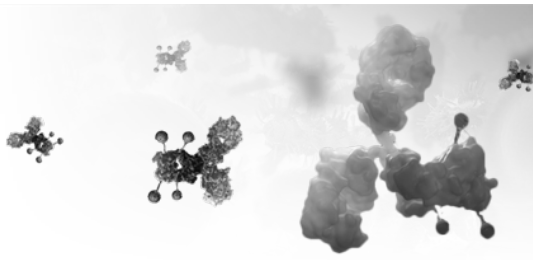

Hi-Puri™ Mouse Anti-Human VWF Monoclonal antibody, clone RU5 (DMAB-CS25313)

This product is for research use only and is not intended for diagnostic use.

PRODUCT INFORMATION

Product Overview	RU5 interacts with A3 through a nonlinear epitope comprising residues in loop α1β2, loop β3α2 followed by helix α2, and loop α3β4. All three loops that contribute to the epitope are located in the bottom face of A3. The N and C termini of A3 that are also located in the bottom face do not interact with RU5.
Specificity	RU5 recognizes a nonlinear epitope consisting of residues 962–966, 981–997, and 1022–1026.
Target	Human VWF
Immunogen	Human Von Willebrand Factor.
Isotype	IgG
Source/Host	Mouse
Species Reactivity	Human
Clone	RU5
Purification	>90% determined by SDS-PAGE
Conjugate	Unconjugated
Applications	WB, IHC, IF, FuncS Each laboratory should determine an optimum working titer for use in its particular application. Other applications have not been tested but use in such assays should not necessarily be excluded.
Format	Liquid
Concentration	lot specific

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Size	200 μg, 1 mg
Buffer	PBS (endotoxin < 1EU/mg,lower endotoxin levels may also be offered upon request)
Preservative	None
Storage	Short term at 2-8°C; long term storage in aliquots at -20°C; avoid freeze/thaw cycles.
Ship	Dry ice

BACKGROUND

Introduction	Von Willebrand Factor (VWF) is a multimeric adhesive plasma glycoprotein that is important in the maintenance of hemostasis. It promotes adhesion of platelets to the sites of vessel injury by forming a bridge between subendothelial collagen and the platelet GPIb-IX-V receptor complex. VWF also acts as a chaperone for coagulation factor VIII, by delivering it to the site of injury, stabilizing its heterodimeric structure and protecting it from premature clearance from plasma. Defects in VWF cause von Willebrand disease (VWD), a common inherited bleeding disorder characterized by excessive mucocutaneous bleeding. Type I VWD is the most common form and is characterized by a partial quantitative deficiency of a structurally and functionally normal VWF; type II VWD is caused by a qualitative deficiency and functional abnormalities of VWF; type III VWD is the most severe form and is associated with a total or near-total absence of VWF in plasma and cells, which also causes the profound deficiency of coagulation factor VIII in plasma.
Keywords	von Willebrand Factor; VWF

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