



Hi-Puri™ Human Anti-Human VWF (A1 domain) Monoclonal antibody, clone NMC-4 (DMAB- CS25317)

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

PRODUCT INFORMATION

Product Overview	NMC-4 is a function blocking antibody that binds to the A1 domain of VWF. This has led to the recognition of a putative binding groove for the platelet receptor, glycoprotein Ib α , formed by two adjacent α -helices and a β -strand.
Specificity	The NMC-4 antibody binds the GP1b- α binding site on the A1 domain of human von Willebrand factor (also know as vWF or Factor VIII related antigen).
Target	Human VWF
Immunogen	The original antibody was generated by immunization of BALB/C mice with FVIII/vWF fraction and fusion of spleen cells with NS-1 murine myeloma cells.
Isotype	IgG
Source/Host	Human
Species Reactivity	Human
Clone	NMC-4
Purification	>90% determined by SDS-PAGE
Conjugate	Unconjugated
Applications	Inhib, IP, ELISA 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
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