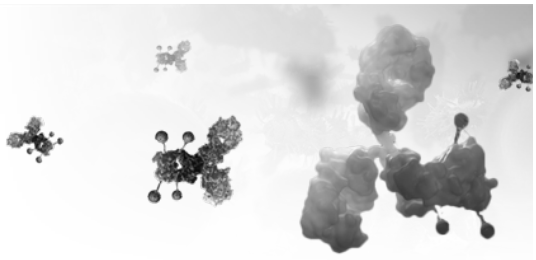

Hi-Puri™ Rabbit Anti-Human VWF (A3 domain) Monoclonal antibody, clone 82D6A3 (DMAB-CS25321)

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

PRODUCT INFORMATION

Product Overview	The antithrombotic monoclonal antibody 82D6A3 is directed against amino acids Arg-963, Pro-981, Asp-1009, Arg-1016, Ser-1020, Met-1022, and His-1023 of the von Willebrand factor A3-domain. By this, it potently inhibits the interaction of VWF to collagens, which is a prerequisite for blood platelet adhesion to the injured vessel wall at sites of high shear.
Specificity	This antibody is specific for human vWF, A3 domain.
Target	Human VWF
Immunogen	The original antibody was purified from murine ascites by Protein A chromatography.
Isotype	IgG
Source/Host	Rabbit
Species Reactivity	Human
Clone	82D6A3
Purification	>90% determined by SDS-PAGE
Conjugate	Unconjugated
Applications	Crystallography, in vivo, Inhib 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

45-1 Ramsey Road, Shirley, NY 11967, USA
Email: info@creative-diagnostics.com
Tel: 1-631-624-4882 Fax: 1-631-938-8221

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

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