

Factor VIII Polyclonal Antibody

Catalog No :	YT1653
Reactivity :	Human;Mouse
Applications :	WB;IHC;IF;ELISA
Target :	Factor VIII
Fields :	>>Complement and coagulation cascades
Gene Name :	F8
Protein Name :	Coagulation factor VIII
Human Gene Id :	2157
Human Swiss Prot No :	P00451
Mouse Gene Id :	14069
Mouse Swiss Prot No :	Q06194
Immunogen :	The antiserum was produced against synthesized peptide derived from human Factor VIII. AA range:2161-2210
Specificity :	Factor VIII Polyclonal Antibody detects endogenous levels of Factor VIII protein.
Formulation :	Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.
Source :	Polyclonal, Rabbit,IgG
Dilution :	WB 1:500 - 1:2000. IHC 1:100 - 1:300. ELISA: 1:10000.. IF 1:50-200
Purification :	The antibody was affinity-purified from rabbit antiserum by affinity-chromatography using epitope-specific immunogen.
Concentration :	1 mg/ml

Storage Stability : -15°C to -25°C/1 year(Do not lower than -25°C)

Observed Band : 300kD

Cell Pathway : Complement and coagulation cascades;

Background : This gene encodes coagulation factor VIII, which participates in the intrinsic pathway of blood coagulation; factor VIII is a cofactor for factor IXa which, in the presence of Ca²⁺ and phospholipids, converts factor X to the activated form Xa. This gene produces two alternatively spliced transcripts. Transcript variant 1 encodes a large glycoprotein, isoform a, which circulates in plasma and associates with von Willebrand factor in a noncovalent complex. This protein undergoes multiple cleavage events. Transcript variant 2 encodes a putative small protein, isoform b, which consists primarily of the phospholipid binding domain of factor VIIIc. This binding domain is essential for coagulant activity. Defects in this gene results in hemophilia A, a common recessive X-linked coagulation disorder. [provided by RefSeq, Jul 2008],

Function : disease:Defects in F8 are the cause of hemophilia A (HEMA) [MIM:306700]. HEMA is a common recessive X-linked coagulation disorder. The frequency of hemophilia A is 1-2 in 10,000 male births in all ethnic groups. About 50% of patients have severe hemophilia A with F8C activity less than 1% of normal; they have frequent spontaneous bleeding into joints, muscles and internal organs. Moderately severe hemophilia A occurs in about 10% of patients; F8C activity is 2-5% of normal, and there is bleeding after minor trauma. Mild hemophilia A, which occurs in 30-40% of patients, is associated with F8C activity of 5-30% and bleeding occurs only after significant trauma or surgery. Of particular interest for the understanding of the function of F8C is the category of CRM (cross-reacting material) positive patients (approximately 5%) that have considerable amount of F8C in their plasma (at least 30%)

Subcellular Location : Secreted, extracellular space.

Expression : Brain,Hippocampus,Kidney,Plasma,

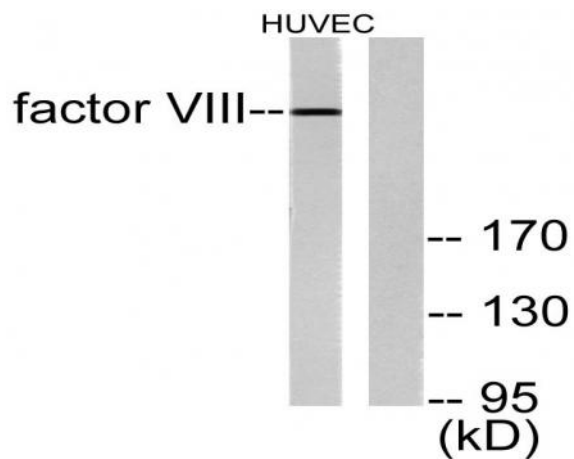
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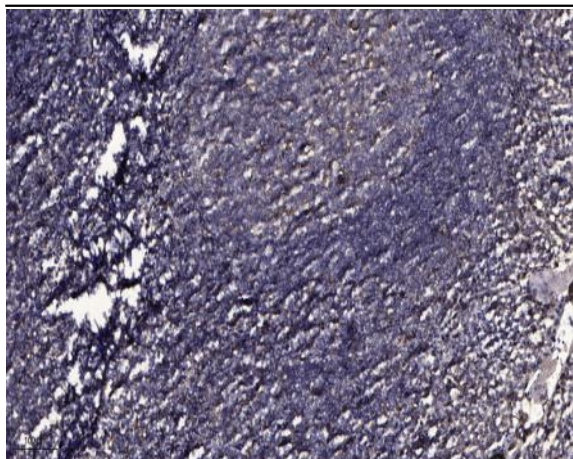
Western Blot analysis of various cells using Factor VIII Polyclonal Antibody



Western Blot analysis of HuvEc cells using Factor VIII Polyclonal Antibody



Western blot analysis of lysates from HUVEC cells, using Factor VIII Antibody. The lane on the right is blocked with the synthesized peptide.



Immunohistochemical analysis of paraffin-embedded human tonsil. 1, Antibody was diluted at 1:200(4° overnight). 2, Tris-EDTA,pH9.0 was used for antigen retrieval. 3,Secondary antibody was diluted at 1:200(room temperature, 30min).