

Factor VIII Monoclonal Antibody

Catalog No: YM0257

Reactivity: Human

Applications: WB;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:

Mouse Swiss Prot

No:

Immunogen: Purified recombinant fragment of Factor VIII expressed in E. Coli.

Specificity: Factor VIII Monoclonal Antibody detects endogenous levels of Factor VIII

protein.

P00451

Q06194

Formulation : Liquid in PBS containing 50% glycerol, 0.5% BSA and 0.02% sodium azide.

Source: Monoclonal, Mouse

Dilution: WB 1:500 - 1:2000. ELISA: 1:10000. Not yet tested in other applications.

Purification: Affinity purification

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

Molecularweight: 267kD



Cell Pathway: Complement and coagulation cascades;

P References : 1. Thromb Haemost. 2007 Nov;98(5):1031-9.

2. Blood. 2008 Apr 1;111(7):3468-78.

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 Ca+2 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,

Sort:

5888

No4:

1

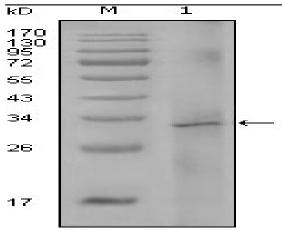
Host:

Mouse

Modifications:

Unmodified

Products Images



Western Blot analysis using Factor VIII Monoclonal Antibody against truncated Trx-Factor VIII recombinant protein (1).