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Datasheet

F13A1 recombinant monoclonal antibody, clone F13A1/3772R

Catalog Number: RAB00547

Regulatory Status: For research use only (RUO)

Product Description: Rabbit recombinant monoclonal antibody raised against partial human F13A1.

Clone Name: F13A1/3772R

Immunogen: Recombinant protein corresponding to amino acids 46-181 of human F13A1.

Antibody Species: Rabbit

Reactivity: Human

Applications: IHC-P
(See our web site product page for detailed applications information)

Protocols: See our web site at http://www.abnova.com/support/protocols.asp or product page for detailed protocols

Form: Liquid

Purification: Protein A/G purification

Isotype: IgG

Recommend Usage: Immunohistochemistry (Formalin/PFA-fixed paraffin-embedded sections) (1-2 ug/mL)
The optimal working dilution should be determined by the end user.

Storage Buffer: In 1 mg/mL PBS

Storage Instruction: Store at -20 to -80°C.

Entrez GeneID: 2162

Gene Symbol: F13A1

Gene Alias: F13A

Gene Summary: This gene encodes the coagulation factor XIII A subunit. Coagulation factor XIII is the last zymogen to become activated in the blood coagulation cascade. Plasma factor XIII is a heterotetramer composed of 2 A subunits and 2 B subunits. The A subunits have catalytic function, and the B subunits do not have enzymatic activity and may serve as plasma carrier molecules. Platelet factor XIII is comprised only of 2 A subunits, which are identical to those of plasma origin. Upon cleavage of the activation peptide by thrombin and in the presence of calcium ion, the plasma factor XIII dissociates its B subunits and yields the same active enzyme, factor XIIIa, as platelet factor XIII. This enzyme acts as a transglutaminase to catalyze the formation of gamma-glutamyl-epsilon-lysine crosslinking between fibrin molecules, thus stabilizing the fibrin clot. It also crosslinks alpha-2-plasmin inhibitor, or fibronectin, to the alpha chains of fibrin. Factor XIII deficiency is classified into two categories: type I deficiency, characterized by the lack of both the A and B subunits; and type II deficiency, characterized by the lack of the A subunit alone. These defects can result in a lifelong bleeding tendency, defective wound healing, and habitual abortion. [provided by RefSeq]