

von Willebrand Factor / Factor VIII Related-Ag (Endothelial Marker); Clone VWF635 (Concentrate)

Availability/Contents:

<u>Item #</u>	<u>Volume</u>
RA0340-C.5	0.5 ml

Description:

Species: Mouse

Immunogen: Recombinant human vWF fragment.

Clone: VWF635

Isotype: IgG1, kappa

Entrez Gene ID: 7450 (Human)

Hu Chromosome Loc.: 12p13.31

Synonyms: Coagulation Factor VIII, Factor VIII Related Antigen, F8VWF, von Willebrand Antigen 2, von Willebrand Disease (vWD).

Mol. Weight of Antigen: 250kDa

Format: 200µg/ml of Ab purified from Bioreactor Concentrate by Protein A/G. Prepared in 10mM PBS with 0.05% BSA & 0.05% azide.

Specificity: This antibody helps to establish the endothelial nature of some lesions of disputed histogenesis, e.g. Kaposi's sarcoma and cardiac myxoma. It is widely used for differentiating vascular lesions from those of other tissue differentiation within a panel of other vascular markers, although not all tumors of endothelial differentiation contain this antigen.

Background: von Willebrand Factor (vWF) is a multimeric glycoprotein that is found in endothelial cells, plasma, and platelets. It acts as a carrier protein for Factor VIII and promotes platelet adhesion and aggregation. vWF undergoes a variety of posttranslational modifications that influence the affinity and availability for Factor VIII including cleavage of the propeptide and formation of N-terminal disulfide bonds.


Species Reactivity: Human. Others not known.

Positive Control: HUVEC or Tonsil.

Cellular Localization: Cytoplasmic

Titer/ Working Dilution: Immunohistochemistry (Frozen and Formalin-fixed): 0.5-1 µg/ml
 Flow Cytometry: 0.5-1 µg/million cells
 Immunofluorescence: 0.5-1 µg/ml
 Western Blotting: 0.5-1 µg/ml
 Immunoprecipitation: 0.5-1 µg/500µg protein lysate

Microbiological State: This product is not sterile.

Storage: 2° C  8° C

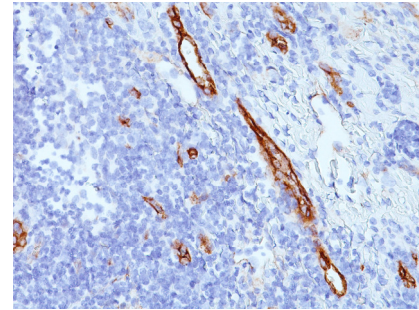


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Uses/Limitations: Not to be taken internally.
 For Research Use Only.
 This product is intended for qualitative immunohistochemistry with normal and neoplastic formalin-fixed, paraffin-embedded tissue sections, to be viewed by light microscopy.
 Do not use if reagent becomes cloudy.
 Do not use past expiration date.
 Non-Sterile.



Ordering Information and Current Pricing at www.scytek.com

Formalin-fixed, paraffin embedded tonsil stained with vWF; Clone VWF635.

Procedure:

1. **Tissue Section Pretreatment (Required):** Staining of formalin fixed, paraffin embedded tissue sections is significantly enhanced by pretreatment with Citrate Plus (ScyTek catalog# CPL500).
2. **Primary Antibody Incubation Time:** We suggest an incubation period of 30 minutes at room temperature. However, depending upon the fixation conditions and the staining system employed, optimal incubation should be determined by the user.
3. **Visualization:** For maximum staining intensity we recommend the “UltraTek HRP Anti-Polyvalent Lab Pack” (ScyTek catalog# UHP125, see IFU for instructions) combined with the “DAB Chromogen/Substrate Bulk Pack (High Contrast)” (ScyTek catalog# ACV500, see IFU for instructions).

Precautions: Contains Sodium Azide as a preservative (0.09% w/v).
 Do not pipette by mouth.
 Avoid contact of reagents and specimens with skin and mucous membranes.
 Avoid microbial contamination of reagents or increased nonspecific staining may occur.
 This product contains no hazardous material at a reportable concentration according to U.S. 29 CFR 1910.1200, OSHA Hazardous Communication Standard and EC Directive 91/155/EC.


References:

1. Motta, A. *et al.* 2009. J Biomater Sci Polym Ed. 20: 1875-1897.
2. Germann, B. *et al.* 2008. Pharmazie. 63: 303-307.

Warranty:

No products or “Instructions For Use (IFU)” are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our IFU or website. Our warranty is limited to the actual price paid for the product. ScyTek Laboratories, Inc. is not liable for any property damage, personal injury, time or effort or economic loss caused by our products. Immunohistochemistry is a complex technique involving both histological and immunological detection methods. Tissue processing and handling prior to immunostaining can cause inconsistent results. Variations in fixation and embedding or the inherent nature of the tissue specimen may cause variations in results. Endogenous peroxidase activity or pseudoperoxidase activity in erythrocytes and endogenous biotin may cause non-specific staining depending on detection system used.

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