## abcam

#### Product datasheet

### Biotin Anti-Plasminogen antibody ab7335

#### ★★★★ <u>1 Abreviews</u> <u>1 References</u>

Overview

Product name Biotin Anti-Plasminogen antibody

**Description**Biotin Goat polyclonal to Plasminogen

Host species Goat

Conjugation Biotin

Tested applications Suitable for: Flow Cyt, ELISA, WB, ICC/IF

Species reactivity Reacts with: Human

Immunogen Full length native protein (purified) corresponding to Human Plasminogen. Human plasma

Database link: P00747

General notes Biotinamidocaproate N-Hydroxysuccinimide Ester (BAC) Biotin/Protein Ratio: 10-20 BAC

molecules per goat IgG molecule.

The Life Science industry has been in the grips of a reproducibility crisis for a number of years. Abcam is leading the way in addressing this with our range of recombinant monoclonal antibodies and knockout edited cell lines for gold-standard validation. Please check that this product meets

your needs before purchasing.

If you have any questions, special requirements or concerns, please send us an inquiry and/or contact our Support team ahead of purchase. Recommended alternatives for this product can be

found below, along with publications, customer reviews and Q&As

**Properties** 

Form Liquid

Storage instructions Shipped at 4°C. Store at +4°C short term (1-2 weeks). Store at -20°C or -80°C. Avoid freeze /

thaw cycle.

Storage buffer pH: 6.50

Preservative: 0.01% Sodium azide

Constituents: 0.88% Sodium chloride, 1% BSA, 0.42% Tripotassium orthophosphate

**Purity** lgG fraction

Purification notes IgG fraction antibody purified from monospecific antiserum by a multi-step process including

delipidation, salt fractionation and ion exchange chromatography followed by extensive dialysis

against the buffer.

**Clonality** Polyclonal

1

**Isotype** IgG

#### **Applications**

#### The Abpromise guarantee

Our **Abpromise guarantee** covers the use of ab7335 in the following tested applications.

The application notes include recommended starting dilutions; optimal dilutions/concentrations should be determined by the end user.

Application	Abreviews	Notes
Flow Cyt	<b>★★★★</b> (1)	Use at an assay dependent concentration. <u>ab37376</u> - Goat polyclonal lgG, is suitable for use as an isotype control with this antibody.
ELISA		Use at an assay dependent concentration. As well as other antibody based assays using streptavidin or avidin conjugates requiring lot-to-lot consistency.
WB		Use at an assay dependent concentration.
ICC/IF		Use at an assay dependent concentration. PubMed: 19182206

#### **Target**

#### **Function**

Plasmin dissolves the fibrin of blood clots and acts as a proteolytic factor in a variety of other processes including embryonic development, tissue remodeling, tumor invasion, and inflammation. In ovulation, weakens the walls of the Graafian follicle. It activates the urokinase-type plasminogen activator, collagenases and several complement zymogens, such as C1 and C5. Cleavage of fibronectin and laminin leads to cell detachment and apoptosis. Also cleaves fibrin, thrombospondin and von Willebrand factor. Its role in tissue remodeling and tumor invasion may be modulated by CSPG4. Binds to cells.

Angiostatin is an angiogenesis inhibitor that blocks neovascularization and growth of experimental primary and metastatic tumors in vivo.

# Tissue specificity Involvement in disease

Present in plasma and many other extracellular fluids. It is synthesized in the liver.

Defects in PLG are a cause of susceptibility to thrombosis (THR) [MIM:188050]. It is a multifactorial disorder of hemostasis characterized by abnormal platelet aggregation in response to various agents and recurrent thrombi formation.

Defects in PLG are the cause of plasminogen deficiency (PLGD) [MIM:217090]. PLGD is characterized by decreased serum plasminogen activity. Two forms of the disorder are distinguished: type 1 deficiency is additionally characterized by decreased plasminogen antigen levels and clinical symptoms, whereas type 2 deficiency, also known as dysplasminogenemia, is characterized by normal, or slightly reduced antigen levels, and absence of clinical manifestations. Plasminogen deficiency type 1 results in markedly impaired extracellular fibrinolysis and chronic mucosal pseudomembranous lesions due to subepithelial fibrin deposition and inflammation. The most common clinical manifestation of type 1 deficiency is ligneous conjunctivitis in which pseudomembranes formation on the palpebral surfaces of the eye progresses to white, yellow-white, or red thick masses with a wood-like consistency that replace the normal mucosa.

#### Sequence similarities

Belongs to the peptidase S1 family. Plasminogen subfamily. Contains 5 kringle domains.

	Contains 1 PAN domain. Contains 1 peptidase S1 domain.	
Domain	Kringle domains mediate interaction with CSPG4.	
Post-translational modifications	N-linked glycan contains N-acetyllactosamine and sialic acid. O-linked glycans consist of Gal-GalNAc disaccharide modified with up to 2 sialic acid residues (microheterogeneity). In the presence of the inhibitor, the activation involves only cleavage after Arg-580, yielding two chains held together by two disulfide bonds. In the absence of the inhibitor, the activation involves additionally the removal of the activation peptide.	
Cellular localization	Secreted. Locates to the cell surface where it is proteolytically cleaved to produce the active plasmin. Interaction with HRG tethers it to the cell surface.	
Form	Cleaved into the following 5 chains: 1.Plasmin heavy chain A2.Activation peptide3.Angiostatin4.Plasmin heavy chain A, short form5. Plasmin light chain B	

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