abcam

Product datasheet

Anti-Factor H antibody ab115290

2 Images

Overview

Product name Anti-Factor H antibody

Description Goat polyclonal to Factor H

Host species Goat

Tested applications Suitable for: WB, ⊩C-P

Species reactivity Reacts with: Human

Immunogen Synthetic peptide:

HLVPDRKKDQYK

by a Cysteine residue linker, corresponding to internal sequence amino acids 577-587 of Human

Factor H

Run BLAST with
Run BLAST with

Positive control Human lung lysate and Human liver tissue.

General notesThe 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. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.

Storage buffer pH: 7.30

Preservative: 0.02% Sodium azide

Constituents: 98% Tris buffered saline, 0.5% BSA

Purity Immunogen affinity purified

Clonality Polyclonal

Isotype IgG

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Applications

The Abpromise guarantee

Our Abpromise guarantee covers the use of ab115290 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
WB		Use a concentration of 0.03 - 0.1 µg/ml. Predicted molecular weight: 139 kDa.
IHC-P		Use a concentration of 2.5 μ g/ml. Perform heat mediated antigen retrieval with citrate buffer pH 6 before commencing with IHC staining protocol.

Target

Function

Tissue specificity
Involvement in disease

Factor H functions as a cofactor in the inactivation of C3b by factor I and also increases the rate of dissociation of the C3bBb complex (C3 convertase) and the (C3b)NBB complex (C5 convertase) in the alternative complement pathway.

Expressed by the liver and secreted in plasma.

Genetic variations in CFH are associated with basal laminar drusen (BLD) [MIM:126700]; also known as drusen of Bruch membrane or cuticular drusen or grouped early adult-onset drusen. Drusen are extracellular deposits that accumulate below the retinal pigment epithelium on Bruch membrane. Basal laminar drusen refers to an early adult-onset drusen phenotype that shows a pattern of uniform small, slightly raised yellow subretinal nodules randomly scattered in the macula. In later stages, these drusen often become more numerous, with clustered groups of drusen scattered throughout the retina. In time these small basal laminar drusen may expand and ultimately lead to a serous pigment epithelial detachment of the macula that may result in vision loss.

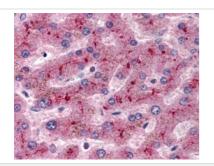
Defects in CFH are the cause of complement factor H deficiency (CFH deficiency) [MIM:609814]. CFH deficiency determines uncontrolled activation of the alternative complement pathway with consumption of C3 and often other terminal complement components. It is associated with a number of renal diseases with variable clinical presentation and progression, including membranoproliferative glomerulonephritis and atypical hemolytic uremic syndrome. CFH deficiency patients may show increased susceptibility to meningococcal infections.

Defects in CFH are a cause of susceptibility to hemolytic uremic syndrome atypical type 1 (AHUS1) [MIM:235400]. An atypical form of hemolytic uremic syndrome. It is a complex genetic disease characterized by microangiopathic hemolytic anemia, thrombocytopenia, renal failure and absence of episodes of enterocolitis and diarrhea. In contrast to typical hemolytic uremic syndrome, atypical forms have a poorer prognosis, with higher death rates and frequent progression to end-stage renal disease. Note=Susceptibility to the development of atypical hemolytic uremic syndrome can be conferred by mutations in various components of or regulatory factors in the complement cascade system. Other genes may play a role in modifying the phenotype.

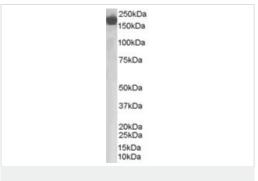
Genetic variation in CFH is associated with age-related macular degeneration type 4 (ARMD4) [MIM:610698]. ARMD is a multifactorial eye disease and the most common cause of irreversible vision loss in the developed world. In most patients, the disease is manifest as ophthalmoscopically visible yellowish accumulations of protein and lipid (known as drusen) that lie beneath the retinal pigment epithelium and within an elastin-containing structure known as Bruch membrane.

Secreted.

Images



Immunohistochemistry (Formalin/PFA-fixed paraffinembedded sections) - Anti-Factor H antibody (ab115290) Formalin-fixed, paraffin-embedded Human liver tissue labelled with ab115290 at 2.5 μ g/ml followed by biotinylated anti-goat lgG secondary antibody, alkaline phosphatase-streptavidin and chromogen.



Western blot - Anti-Factor H antibody (ab115290)

Anti-Factor H antibody (ab115290) at $0.03 \mu g/ml$ + Human lung lysate at $35 \mu g$

Developed using the ECL technique.

Predicted band size: 139 kDa

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