

## Product datasheet

# Native Human Von Willebrand Factor protein (factor VIII free) ab88555

### Description

<b>Product name</b>	Native Human Von Willebrand Factor protein (factor VIII free)
<b>Purity</b>	> 95 % SDS-PAGE. Purified VWF has been treated to dissociate from FVIII and subsequently separated from FVIII using size exclusion chromatography.
<b>Expression system</b>	Native
<b>Protein length</b>	Full length protein
<b>Animal free</b>	No
<b>Nature</b>	Native
<b>Species</b>	Human
<b>Additional sequence information</b>	Amino acid sequence is not determined.
<b>Description</b>	Native Human Von Willebrand Factor protein

### Specifications

Our **Abpromise guarantee** covers the use of **ab88555** in the following tested applications.

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

<b>Applications</b>	SDS-PAGE
<b>Form</b>	Liquid
<b>Additional notes</b>	Factor VIII Free.

### Preparation and Storage

<b>Stability and Storage</b>	Shipped on dry ice. Upon delivery aliquot and store at -80°C. Avoid freeze / thaw cycles. pH: 6.80 Constituents: 0.8% Sodium citrate, 0.8% Glycine, 0.7% Sodium chloride, 1% Human von Willibrand Factor
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### General Info

<b>Function</b>	Important in the maintenance of hemostasis, it promotes adhesion of platelets to the sites of vascular injury by forming a molecular bridge between sub-endothelial collagen matrix and platelet-surface receptor complex GPIb-IX-V. Also acts as a chaperone for coagulation factor VIII, delivering it to the site of injury, stabilizing its heterodimeric structure and protecting it from premature clearance from plasma.
<b>Tissue specificity</b>	Plasma.
<b>Involvement in disease</b>	Defects in VWF are the cause of von Willebrand disease (VWD) [MIM:277480]. VWD defines a group of hemorrhagic disorders in which the von Willebrand factor is either quantitatively or qualitatively abnormal resulting in altered platelet function. Symptoms vary depending on severity and disease type but may include prolonged bleeding time, deficiency of factor VIII and impaired platelet adhesion. Type I von Willebrand disease is the most common form and is characterized by partial quantitative plasmatic deficiency of an otherwise structurally and functionally normal Willebrand factor; type II is associated with a qualitative deficiency and functional anomalies of the Willebrand factor; type III is the most severe form and is characterized by total or near-total absence of Willebrand factor in the plasma and cellular compartments, also leading to a profound deficiency of plasmatic factor VIII.
<b>Sequence similarities</b>	Contains 1 CTCK (C-terminal cystine knot-like) domain. Contains 4 TIL (trypsin inhibitory-like) domains. Contains 3 VWFA domains. Contains 3 VWFC domains. Contains 4 VWFD domains.
<b>Domain</b>	The von Willebrand antigen 2 is required for multimerization of VWF and for its targeting to storage granules.
<b>Post-translational modifications</b>	All cysteine residues are involved in intrachain or interchain disulfide bonds. N- and O-glycosylated.
<b>Cellular localization</b>	Secreted. Secreted > extracellular space > extracellular matrix. Localized to storage granules.

**Please note:** All products are "FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES"

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