abcam

Product datasheet

Anti-Factor VII antibody [EP6185(2)] ab151543

Recombinant RabMAb

1 Image

Overview

Product name	Anti-Factor VII antibody [EP6185(2)]
Description	Rabbit monoclonal [EP6185(2)] to Factor VII
Host species	Rabbit
Tested applications	**Suitable for:** WB **Unsuitable for:** Flow Cyt,ICC/IF,IHC-P or IP
Species reactivity	**Reacts with:** Human
Immunogen	Synthetic peptide within Human Factor VII aa 150-250. The exact sequence is proprietary.
Positive control	WB: Human plasma lysate.
General notes	This product has switched from a hybridoma to recombinant production method on 9th June 2023. This product is a recombinant monoclonal antibody, which offers several advantages including: - High batch-to-batch consistency and reproducibility - Improved sensitivity and specificity - Long-term security of supply - Animal-free production For more information **see here**. Our RabMAb® technology is a patented hybridoma-based technology for making rabbit monoclonal antibodies. For details on our patents, please refer to **RabMAb® patents**.

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Store at -20ºC.
Storage buffer	pH: 7.20 Preservative: 0.01% Sodium azide Constituents: 59% PBS, 40% Glycerol (glycerin, glycerine), 0.05% BSA
Purity	Protein A purified
Clonality	Monoclonal
Clone number	EP6185(2)
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab151543 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		1/1000. Predicted molecular weight: 52 kDa.

Application notes Is unsuitable for Flow Cyt,ICC/IF,IHC-P or IP.

Target

Function Initiates the extrinsic pathway of blood coagulation. Serine protease that circulates in the blood in a zymogen form. Factor VII is converted to factor VIIa by factor Xa, factor XIIa, factor IXa, or thrombin by minor proteolysis. In the presence of tissue factor and calcium ions, factor VIIa then converts factor X to factor Xa by limited proteolysis. Factor VIIa will also convert factor IX to factor IXa in the presence of tissue factor and calcium.

Tissue specificity Plasma.

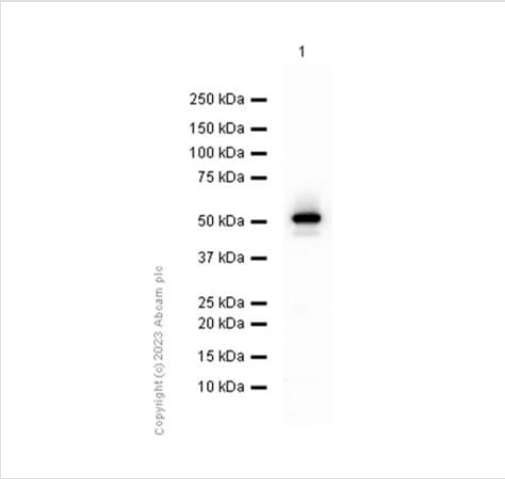
Involvement in disease Defects in F7 are the cause of factor VII deficiency (FA7D) [MIM:227500]. FA7D is a rare hereditary hemorrhagic disease. The clinical picture can be very severe, with the early occurrence of intracerebral hemorrhages or hemarthroses, or, in contrast, moderate with cutaneous-mucosal hemorrhages (epistaxis, menorrhagia) or hemorrhages provoked by a surgical intervention. Numerous subjects are completely asymptomatic despite a very low F7 level.

Sequence similarities Belongs to the peptidase S1 family.
Contains 2 EGF-like domains.
Contains 1 Gla (gamma-carboxy-glutamate) domain.
Contains 1 peptidase S1 domain.

Post-translational modifications The vitamin K-dependent, enzymatic carboxylation of some glutamate residues allows the modified protein to bind calcium.
The iron and 2-oxoglutarate dependent 3-hydroxylation of aspartate and asparagine is (R) stereospecific within EGF domains.

Cellular localization Secreted.

Images



Western blot - Anti-Factor VII antibody [EP6185(2)] (ab151543)

Anti-Factor VII antibody [EP6185(2)] (ab151543) at 1/1000 dilution + Human plasma lysate at 15 µg

Secondary

Goat Anti-Rabbit IgG (HRP) with minimal cross-reactivity with human IgG at 1/2000 dilution

Predicted band size: 52 kDa
Observed band size: 52 kDa

Exposure time: 10 seconds

Blocking and diluting buffer and concentration: 5% NFDM/TBST.

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