

Anti-Tissue Plasminogen Activator antibody ab48649

Overview

Product name	Anti-Tissue Plasminogen Activator antibody
Description	Sheep polyclonal to Tissue Plasminogen Activator
Host species	Sheep
Tested applications	Suitable for: ELISA, EIA, IP, RIA, WB
Species reactivity	Reacts with: Human
Immunogen	Human TPA Tissue Plasminogen Activator purified from human plasma.
General notes	<p>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.</p> <p>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</p>

Properties

Form	Liquid
Storage instructions	Shipped at 4°C. Upon delivery aliquot and store at -20°C. Avoid freeze / thaw cycles.
Storage buffer	<p>pH: 7.50</p> <p>Preservative: 0.01% Thimerosal (merthiolate)</p> <p>Constituents: PBS, 50% Glycerol</p>
Purity	Protein G purified
Clonality	Polyclonal
Isotype	IgG

Applications

The Abpromise guarantee Our **Abpromise guarantee** covers the use of ab48649 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
ELISA		Use at an assay dependent concentration.
EIA		Use at an assay dependent concentration.
IP		Use at an assay dependent concentration.
RIA		Use at an assay dependent concentration.
WB		Use at an assay dependent concentration.

Target

Function	<p>Converts the abundant, but inactive, zymogen plasminogen to plasmin by hydrolyzing a single Arg-Val bond in plasminogen. By controlling plasmin-mediated proteolysis, it plays an important role in tissue remodeling and degradation, in cell migration and many other physiopathological events. Play a direct role in facilitating neuronal migration.</p>
Tissue specificity	<p>Synthesized in numerous tissues (including tumors) and secreted into most extracellular body fluids, such as plasma, uterine fluid, saliva, gingival crevicular fluid, tears, seminal fluid, and milk.</p>
Involvement in disease	<p>Note=Increased activity of TPA results in increased fibrinolysis of fibrin blood clots that is associated with excessive bleeding. Defective release of TPA results in hypofibrinolysis that can lead to thrombosis or embolism.</p>
Sequence similarities	<p>Belongs to the peptidase S1 family. Contains 1 EGF-like domain. Contains 1 fibronectin type-I domain. Contains 2 kringle domains. Contains 1 peptidase S1 domain.</p>
Domain	<p>Both FN1 and one of the kringle domains are required for binding to fibrin. Both FN1 and EGF-like domains are important for binding to LRP1. The FN1 domain mediates binding to annexin A2. The second kringle domain is implicated in binding to cytokeratin-8 and to the endothelial cell surface binding site.</p>
Post-translational modifications	<p>The single chain, almost fully active enzyme, can be further processed into a two-chain fully active form by a cleavage after Arg-310 catalyzed by plasmin, tissue kallikrein or factor Xa. Differential cell-specific N-linked glycosylation gives rise to two glycoforms, type I (glycosylated at Asn-219) and type II (not glycosylated at Asn-219). The single chain type I glycoform is less readily converted into the two-chain form by plasmin, and the two-chain type I glycoform has a lower activity than the two-chain type II glycoform in the presence of fibrin. N-glycosylation of Asn-152; the bound oligomannosidic glycan is involved in the interaction with the mannose receptor. Characterization of O-linked glycan was studied in Bowes melanoma cell line.</p>
Cellular localization	<p>Secreted > extracellular space.</p>

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

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