

Recombinant Coagulation Factor III/Tissue Factor/CD142 Monoclonal Antibody

catalog number: **AN300515P**

Note: *Centrifuge before opening to ensure complete recovery of vial contents.*

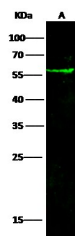
Description

Reactivity	Mouse
Immunogen	Recombinant Mouse Coagulation Factor III/Tissue Factor/CD142/F3 Protein
Host	Rabbit
Isotype	IgG
Clone	B445
Purification	Protein A
Buffer	0.2 µm filtered solution in PBS

Applications Recommended Dilution

WB	1:500-1:1000
-----------	--------------

Data



Western Blot with F3 Monoclonal Antibody at dilution of 1:500 dilution. Lane A: A431 Whole Cell Lysate, Lysates/proteins at 30 µg per lane.

Observed-MW:56 kDa

Calculated-MW:33 kDa

Preparation & Storage

Storage This antibody can be stored at 2°C-8°C for one month without detectable loss of activity. Antibody products are stable for twelve months from date of receipt when stored at -20°C to -80°C. Preservative-Free. Avoid repeated freeze-thaw cycles.

Shipping Ice bag

Background

Tissue Factor (TF)/CD142 (Coagulation factor III/Thromboplastin) is a type-I transmembrane glycoprotein that serves as the cell surface receptor and cofactor for blood coagulation factors VII and VIIa, and thus plays a central role in hemostasis and thrombosis (1). The TF:VIIa receptor-ligand complex is widely recognized as the initiator of the extrinsic blood coagulation protease cascade, which ultimately leads to the generation of fibrin and thrombin. A member of the type-II cytokine receptor superfamily, TF has also been shown to engage the PI3K and MAPK signaling cascades upon binding to factor VIIa in order to drive cellular responses such as cell migration, growth, and proliferation. Although the function of TF under physiologic conditions is to coordinate blood clotting in response to tissue damage, TF is implicated in pathologic conditions such as tumorigenesis. Indeed, TF is aberrantly expressed in colorectal cancer, breast cancer, pancreatic cancer, and glioblastoma multiforme. It has been shown to promote tumor angiogenesis, tumor growth, metastasis, and venous thrombosis. Given that TF overexpression is associated with numerous types of solid tumors, it has garnered much attention as a potential therapeutic target.

For Research Use Only