

Tissue Factor/CD142 Rabbit Monoclonal Antibody

Catalog #: EAB21757

Host/Isotype	Clonality	Applications	MW (kDa)	Reactivity
Rabbit IgG	Monoclonal	WB, IHC-P, IF/ICC	33	Human, Mouse, Rat

Applications Dilutions

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

WB (Western Blotting)	1:500-2000
IHC-P (Immunohistochemistry-Paraffin)	1:100-500
IF/ICC (Immunofluorescence/Immunocytochemistry)	1:100-500

Product Information

Conjugate	Unconjugate
Specificity	Tissue Factor/CD142 Rabbit Monoclonal Antibody detects endogenous levels of Tissue Factor/CD142 protein.
Purification	Affinity purification
Concentration	1mg/ml
Format	Liquid
Formulation	In PBS, pH 7.4, Containing 0.02% sodium azide, 0.5% BSA and 50% Glycerol
Shipping	Gel Pack
Storage	Store at -20°C least 1 year from the date of shipment. Avoid repeated freeze/thaw cycles. Aliquots may be stored at +4°C for 1-2 weeks
UniProt ID	P13726
Entrez-Gene ID	2152

Product Description

This gene encodes coagulation factor III which is a cell surface glycoprotein. This factor enables cells to initiate the blood coagulation cascades, and it functions as the high-affinity receptor for the coagulation factor VII. The resulting complex provides a catalytic event that is responsible for initiation of the coagulation protease cascades by specific limited proteolysis. Unlike the other cofactors of these protease cascades, which circulate as nonfunctional precursors, this factor is a potent initiator that is fully functional when expressed on cell surfaces, for example, on monocytes. There are 3 distinct domains of this factor: extracellular, transmembrane, and cytoplasmic. Platelets and monocytes have been shown to express this coagulation factor under procoagulatory and proinflammatory stimuli, and a major role in HIV-associated coagulopathy has been described. Platelet-dependent monocyte expression of coagulation factor III has been described to be associated with Coronavirus Disease 2019 (COVID-19) severity and mortality. This protein is the only one in the coagulation pathway for which a congenital deficiency has not been described. Alternate splicing results in multiple transcript variants.

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