

## Factor XIIIa Rabbit Monoclonal Antibody

### Catalog #: EAB21954

Host/Isotype	Clonality	Applications	MW (kDa)	Reactivity
Rabbit IgG	Monoclonal	WB, IHC-P, IF/ICC	83	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)	1:50-200

### Product Information

Conjugate	Unconjugate
Specificity	Factor XIIIa Rabbit Monoclonal Antibody detects endogenous levels of Factor XIIIa 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	<a href="#">P00488</a>
Entrez-Gene ID	<a href="#">2162</a>

### Product Description

This gene encodes the coagulation factor XIII A subunit. Coagulation factor XIII is the last zymogen to become activated in the blood coagulation cascade. Plasma factor XIII is a heterotetramer composed of 2 A subunits and 2 B subunits. The A subunits have catalytic function, and the B subunits do not have enzymatic activity and may serve as plasma carrier molecules. Platelet factor XIII is comprised only of 2 A subunits, which are identical to those of plasma origin. Upon cleavage of the activation peptide by thrombin and in the presence of calcium ion, the plasma factor XIII dissociates its B subunits and yields the same active enzyme, factor XIIIa, as platelet factor XIII. This enzyme acts as a transglutaminase to catalyze the formation of gamma-glutamyl-epsilon-lysine crosslinking between fibrin molecules, thus stabilizing the fibrin clot. It also crosslinks alpha-2-plasmin inhibitor, or fibronectin, to the alpha chains of fibrin. Factor XIII deficiency is classified into two categories: type I deficiency, characterized by the lack of both the A and B subunits; and type II deficiency, characterized by the lack of the A subunit alone. These defects can result in a lifelong bleeding tendency, defective wound healing, and habitual abortion.

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