

DESCRIPTION

Species Reactivity	Human
Specificity	Detects human Coagulation Factor XI Light Chain in direct ELISAs and Western blots. In Western blots, no cross-reactivity with recombinant human (rh) UPA-1, rhThrombin, rhKLK1, rhKLK3, rhKLK4, rhKLK5, rhKLK6, rhKLK8, rhKLK11, rhHGFA, rhFactor VI
Source	Monoclonal Mouse IgG _{2B} Clone # 318104
Purification	Protein A or G purified from hybridoma culture supernatant
Immunogen	Mouse myeloma cell line NS0-derived recombinant human Coagulation Factor XI Glu19-Val625 Accession # P03951
Conjugate	Alexa Fluor 594 Excitation Wavelength: 590 nm Emission Wavelength: 617 nm
Formulation	Supplied 0.2mg/ml in 1X PBS with RDF1 and 0.09% Sodium Azide *Contains <0.1% Sodium Azide, which is not hazardous at this concentration according to GHS classifications. Refer to the Safety Data Sheet (SDS) for additional information and handling instructions.

APPLICATIONS

Please Note: Optimal dilutions should be determined by each laboratory for each application. *General Protocols* are available in the *Technical Information* section on our website.

Neutralization	Optimal dilution of this antibody should be experimentally determined.
Western Blot	Optimal dilution of this antibody should be experimentally determined.
Immunoprecipitation	Optimal dilution of this antibody should be experimentally determined.

PREPARATION AND STORAGE

Shipping	The product is shipped with polar packs. Upon receipt, store it immediately at the temperature recommended below.
Stability & Storage	Protect from light. Do not freeze. 12 months from date of receipt, 2 to 8 °C as supplied

BACKGROUND

Coagulation factors XI and XIa refer to the pro and active forms of the same protease, respectively (1). Factor XI is synthesized in the liver and circulates in the plasma as a disulfide bond-linked dimer complexed with high molecular weight kininogen. Factor XI is converted into XIa via either the contact phase of blood coagulation or thrombin-mediated activation on the platelet surface. The resulting XIa converts factor IX into IXa, which subsequently activates factor X into Xa. Factor Xa in turn activates factor II/thrombin to complete the coagulation cascade. Patients with factor XI deficiency are prone to excessive bleeding after hemostatic challenge. There are two alternative splicing forms. Isoform 1 corresponds to the circulating plasma factor XI and isoform 2 is produced by platelets and megakaryocytes but absent from other blood cells (2). The 625 amino acid (aa) precursor of isoform 1 consists of a signal peptide (aa 1-18) and the mature chain (aa 19-625). The mature chain (XI) can be further processed into the heavy chain (aa 19-387) and the light chain (aa 388-625) (XIa).

PRODUCT SPECIFIC NOTICES

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