Human D-dimer Antibody

Recombinant Monoclonal Rabbit IgG Clone # 2609D
Catalog Number: MAB104712

DESCRIPTION

Species Reactivity	Human
Specificity	Detects Human D-dimer in direct ELISAs. In direct Elisas and Luminex assay, no cross-reactivity with natural human Fibrinogen was observed.
Source	Recombinant Monoclonal Rabbit IgG Clone # 2609D
Purification	Protein A or G purified from cell culture supernatant
Immunogen	D-Dimer purifed from Human Plasma
Formulation	Lyophilized from a 0.2 μm filtered solution in PBS with Trehalose. See Certificate of Analysis for details. *Small pack size (-SP) is supplied either lyophilized or as a 0.2 μm filtered solution in PBS.

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.*

ELISA	This antibody functions as an ELISA capture antibody when paired with Rabbit Anti-Human D-dimer Monoclonal Antibody (Catalog # MAB10471). This product is intended for assay development on various assay platforms requiring antibody pairs.

PREPARATION AND STORAGE

Reconstitution	Reconstitute at 0.5 mg/mL in sterile PBS.
Shipping	The product is shipped at ambient temperature. Upon receipt, store it immediately at the temperature recommended below. *Small pack size (-SP) is shipped with polar packs. Upon receipt, store it immediately at -20 to -70 °C
Stability & Storage	**Use a manual defrost freezer and avoid repeated freeze-thaw cycles.** • 12 months from date of receipt, -20 to -70 °C as supplied. • 1 month, 2 to 8 °C under sterile conditions after reconstitution. • 6 months, -20 to -70 °C under sterile conditions after reconstitution.

BACKGROUND

D-dimer is a fibrin degradation product, a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. It is composed of two D fragments of the fibrin protein joined by a cross-link. Levels of D-dimer and fibrinogen/fibrin degradation products (FDPs) are significantly elevated in patients with deep venous thrombosis, pulmonary embolism, disseminated intravascular coagulation, or other complications.

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