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Nordic MUbio

Rabbit anti Human Factor VII

Catalogue number: **RAHu/FVII**

Clone	Polyclonal
Product Type	Primary Antibodies
Units	1 ml
Host	Rabbit
Species reactivity	Human
Application	Immunoprecipitation

Distributors

For Purchasing Information, please contact your local distributor

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Background

The defined antibody reactivity is restricted to Factor VII. To demonstrate the presence of FVII in normal plasma or serum by gel-immunodiffusion or immunoelectrophoresis a concentrate must be prepared, because the normal concentration is below the detection limits of these techniques. The precipitation obtained with the concentrate shows a reaction of identity with that obtained with the purified factor. FVII shows micro-heterogeneity. The antiserum also reacts with FVII molecular variants and with abnormal; molecules (PIVKA VII). In precipitating techniques as electroimmunodiffusion, immunoelectrophoresis, single and double radial immunodiffusion (Mancini, Ouchterlony), bidimensional electrophoresis and neutralization assay. The presence of non-precipitating antibodies has not been assayed. If used in more sensitive test procedures or as catching or detection antibody in solid phase immunoassays specificity controls should always be include. Plasma samples and all assay components must contain EDTA to stabilize the proteins.

Source

Plasma factor VII is ea vitamin K-dependent glycoprotein (MW 63,000) with an electrophoresis mobility in the beta region. It circulates in plasma in a semi-active form, even in the absence of tissue factor. Then procoagulant activity of FVII can be destroyed by heating to 56°C. It is unstable below pH 3 and above pH 9. It survives he clotting process and its presence can be demonstrated in serum. After isolation its molecular weight was 44,700. Factor VII is a serine protease depending on a lipid cofactor and can be activated to FVIIa by factors IXa, Xa and XIIIa, thereby linking the intrinsic and extrinsic coagulation systems since FXII and FIX can be activated by kallikrein. The normal adult plasma FVII level is about 0.5 to 1.0 µg/ml. In normal newborn infants the average level is about 50% of the adult concentration. A deficiency of FVII, congenital or acquired, results in a bleeding disorder. The congenital form is rare but the acquired form is commonly seen in

association with a deficiency of FII, FIX and FX in liver disease and in patients taking coumarin-type anticoagulant drugs. Both procoagulant activity and FVII-related antigen are depressed. In haemorrhagic disease of the newborn, procoagulant activity is reduced but not the level of the FVII antigen. A similar discrepancy may be seen in congenital deficiencies but in other types FVII antigen will be severely reduced as a result of genetic suppression of synthesis capacity. If still present, the FVII molecules appear to be biologically defective. Heterozygote carriers can now be detected. FVII procoagulant activity and related antigen levels have been shown to correlate directly with the plasma triglyceride concentration. This makes FVII a risk factor for myocardial infarction; immediately following an acute myocardial infarction patients have increased plasma FVII procoagulant activity. FVII is purified from plasma and Freund's complete adjuvant is used in the first step of the immunization procedure.

Product
Delipidated, heat inactivated, lyophilized, stable whole serum. Sodium azide 1 mg/ml Total protein and IgG concentrations in the antiserum are comparable to those of pooled normal rabbit serum. No foreign proteins added.

Applications
Immunoprecipitation. In immunoelectrophoresis in agarose-plates use 2 µl human plasma or equivalent against 120 µl antiserum. In double radial immunodiffusion use a rosette arrangement with 10 µl antiserum in 3 mm diameter center well and 2 µl plasma samples (neat and serially diluted) in 2 mm diameter peripheral wells. In electroimmunodiffusion the antiserum concentration required in the gel is normally between 1 and 2%. The amount of Factor VII precipitated by 1 ml antiserum is approximately 100 U. One Unit of Factor VII is defined as the amount present in 1 ml normal plasma. On the average this corresponds to 1 µg/ml.

Cross Reactivity
The antiSerum does not cross-react with any other Human plasma proteins as tested in gel-diffusion techniques. Interspecies cross-reactivity is a normal feature of antibodies to plasma proteins, since homologous proteins of different species frequently share antigenic determinants. Cross-reactivity of this antiSerum has not been tested in detail, however in double radial immunodiffusion a reaction with Rhesus Monkey has been observed.

Specificity
Precipitating polyclonal Rabbit antiSerum to Human coagulation factor VII.

Storage
Lyophilized at +4°C--at least 10 years. Reconstituted at or below -20°C--3-5 years. Reconstituted at +4°C--7 days.

Caution
This product is intended FOR RESEARCH USE ONLY, and FOR TESTS IN VITRO, not for use in diagnostic or therapeutic procedures involving humans or animals. This product contains sodium azide. To prevent formation of toxic vapors, do not mix with strong acidic solutions. To prevent formation of potentially explosive metallic azides in metal plumbing, always wash into drain with copious

quantities of water. This datasheet is as accurate as reasonably achievable, but Nordic-MUbio accepts no liability for any inaccuracies or omissions in this information.