Coagulation Factor V (F5) Antibody – Rabbit Polyclonal

PRODUCT OVERVIEW

Product Name	Coagulation Factor V (F5), Polyclonal Antibody
Full Product Name	PE-Linked Polyclonal Antibody to Coagulation Factor V (F5)
Product Gene Name	anti-F5 antibody
Product Synonym Names	FV; FVL; PCCF; Proaccelerin; Labile Factor; Factor V Leiden; Accelerator Globulin; Activated protein C cofactor; Proaccelerin, labile factor
Clonality	Polyclonal
Host	Rabbit
Species Reactivity	Human, Mouse
Concentration	>=100ug/ml (lot specific)
Matching Pairs	Unconjugated Antibody: F5 (MBS2003654) PE Conjugated Antibody: F5 (MBS2045880)
Matching Pairs	PE Conjugated Antibody: F5 (MBS2045880) Immunogen: F5 (MBS2011892)
Molecular Weight	251,703 Da
OMIM	M16967 mRNA
3D Structure	ModBase 3D Structure for P12259
Supply Chain Verification	Manufactured in a lab with traceable raw materials. Bulk orders can typically be prepared to the customer's specifications, please inquire.
Immunogen	F5 (Asp1863-Arg2161)
Conjugation	PE
Cross Reactivity	Mouse
Unconjugated Antibody	The unconjugated antibody version of this item is also available as catalog #MBS2003654
ISO Certification	Manufactured in an ISO 9001:2015 and ISO 13485:2016 Certified Laboratory.
Applications Tested/Suitable for anti-F5 antibody	Western Blot (WB), Immunocytochemistry (ICC), Immunohistochemistry (IHC) Formalin/Paraffin, ELISA (ELISA)
Related Product Information for anti-F5 antibody	MBS2045880 is an antibody targeting F5. Also known as PE-Linked Polyclonal Antibody to Coagulation Factor V (F5). Reactive in Human, Mouse. Host: Rabbit.
Other Notes	Small volumes of anti-F5 antibody vial(s) may occasionally become entrapped in the seal of the product vial during shipment and storage. If necessary, briefly centrifuge the vial on a tabletop centrifuge to dislodge any liquid in the container`s cap. Certain products may require to ship with dry ice and additional dry ice fee may apply.

ADDITIONAL DETAILS

NCBI/Uniprot data below describe general gene information for F5. It may not necessarily be applicable to this product.

NCBI GI #	105990535
NCBI GeneID	2153

NCBI Accession #	NP_000121.2
UniProt Primary Accession #	P12259
UniProt Secondary Accession #	Q14285; Q2EHR5; Q5R346; Q5R347; Q6UPU6; Q8WWQ6; A8K6E8
UniProt Related Accession #	P12259
GenBank Nucleotide #	NM_000130.4
NCBI Official Full Name	coagulation factor V preproprotein
NCBI Official Synonym Full Names	coagulation factor V
NCBI Official Symbol	F5
NCBI Official Synonym Symbols	FVL; PCCF; THPH2; RPRGL1
UniProt Protein Name	Coagulation factor V
UniProt Synonym Protein Names	Activated protein C cofactor; Proaccelerin, labile factor
Protein Family	Coagulation factor
UniProt Gene Name	F5
NCBI Protein Information	coagulation factor V
NCBI Summary for F5	This gene encodes an essential cofactor of the blood coagulation cascade. This factor circulates in plasma, and is converted to the active form by the release of the activation peptide by thrombin during coagulation. This generates a heavy chain and a light chain which are held together by calcium ions. The activated protein is a cofactor that participates with activated coagulation factor X to activate prothrombin to thrombin. Defects in this gene result in either an autosomal recessive hemorrhagic diathesis or an autosomal dominant form of thrombophilia, which is known as activated protein C resistance. [provided by RefSeq, Oct 2008]

UniProt Comments for F5	factor V: Central regulator of hemostasis. It serves as a critical cofactor for the prothrombinase activity of factor Xa that results in the activation of prothrombin to thrombin. Defects in F5 are the cause of factor V deficiency (FA5D); also known as Owren parahemophilia. It is an hemorrhagic diastesis. Defects in F5 are the cause of thrombophilia due to activated protein C resistance (THPH2). THPH2 is a hemostatic disorder due to defective degradation of factor Va by activated protein C. It is characterized by a poor anticoagulant response to activated protein C resulting in tendency to thrombosis. Defects in F5 are a cause of susceptibility to Budd- Chiari syndrome (BDCHS). A syndrome caused by obstruction of hepatic venous outflow involving either the hepatic veins or the terminal segment of the inferior vena cava. Obstructions are generally caused by thrombosis and lead to hepatic congestion and ischemic necrosis. Clinical manifestations observed in the majority of patients include hepatomegaly, right upper quadrant pain and abdominal ascites. Budd-Chiari syndrome is associated with a combination of disease states including primary myeloproliferative syndromes and thrombophilia due to factor V Leiden, protein C deficiency and antithrombin III deficiency. Budd-Chiari syndrome is a rare but typical complication in patients with polycythemia vera. Defects in F5 may be a cause of susceptibility to ischemic stroke (ISCHSTR); also known as cerebrovascular accident or cerebral infarction. A stroke is an acute neurologic event leading to death of neural tissue of the brain and resulting in loss of motor, sensory and/or cognitive function. Ischemic strokes, resulting from vascular occlusion, is considered to be a highly complex disease consisting of a group of heterogeneous disorders with multiple genetic and environmental risk factors. Defects in F5 are associated with susceptibility to pregnancy loss, recurrent, type 1 (RPRGL1). RPRGL1 is a common complication of pregnancy, resulting in spontaneous abortion before the fetus has reached viability. The term includes all miscarriages from the time of conception until 24 weeks of gestation. Recurrent pregnancy loss is defined as 3 or more consecutive spontaneous abortions. Belongs to the multicopper oxidase family. Protein type: Protease; Secreted; Secreted, signal peptide Chromosomal Location of Human Ortholog: 1q24.2 Cellular Component: endoplasmic reticulum lumen; ER to Golgi transport vesicle; ER-Golgi intermediate compartment membrane; extracellular region; membrane; plasma membrane Molecular Function: protein binding Biological Process: blood coagulation; COPII coating of Golgi vesicle; ER to Golgi vesicle-mediated transport; platelet degranulation Disease: Budd-chiari Syndrome; Factor V Deficiency; Pregnancy Loss, Recurrent, Susceptibility To, 1; Stroke, Ischemic; Thrombophilia Due To Activated Protein C Resistance
Research Articles on F5	**1.** The carriage of mutant genotypes of FV 1691 G/A gene is a prognostic factor for rapid liver fibrosis progression in patients with Chronic hepatitis C.
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