Factor VIII Related Antigen / von Willebrand Factor Ab-1
Rabbit Polyclonal Antibody
Cat. #RB-281-A0, -A1, or -A (0.1ml, 0.5ml, or 1.0ml) (Purified Ab with BSA and Azide)
Cat. #RB-281-R7 (7.0ml) (Ready-to-Use for Immunohistochemistry)
Cat. #RB-281-PCS (5 Slides) (Positive Control for Histology)

Please note this data sheet has been changed effective December 6, 2011

Description: Factor VIII related antigen or von Willebrand factor is a multimeric glycoprotein. It has functional binding domains to platelet glycoprotein Ib, glycoprotein IIb/IIIa, collagen and heparin. von Willebrand factor is synthesized by endothelial cells and stored in the Weibel-Palade granules. It mediates platelet adhesion to injured vessel walls and serves as a carrier and stabilizer for coagulation factor VIII. von Willebrand factor is one of the most useful markers to identify endothelial (or megakaryocytic) lineage of neoplasms. As not all endothelial cells synthesize / store this molecule, about 30% of tumors of vascular origin fail to stain for factor VIII related antigen, regardless of whether they are benign or malignant. Staining for factor VIII related antigen has also been used to measure angiogenesis, an indicator of tumor recurrence.

Comments: Ab-1 reacts specifically with the endothelial cells of normal, reactive, and neoplastic blood and lymphatic vessels and shows a finely granular cytoplasmic staining. It also reacts with endocardium, platelets, and megakaryocytes.

Mol. Wt. of Antigen: 270kDa

Epitope: Not determined

Species Reactivity: Human. Others-not known

Immunogen: Purified factor VIII related antigen / von Willebrand factor

Applications and Suggested Dilutions:
• Immunofluorescence
• Immunohistology (Formalin/paraffin)
  (Ab 1:80-1:160 for 20 min at RT using UltraVision LP Detection Systems)
  * Staining of formalin-fixed tissues REQUIRES boiling tissue sections in 10mM citrate buffer, pH 6.0. (Cat. #AP-9003), for 10-20 min followed by cooling at RT for 20 min.

The optimal dilution for a specific application should be determined by the investigator.

Positive Control: Tonsil, Placenta

Cellular Localization: Cytoplasmic

Supplied As:
IgG purified from rabbit anti-serum. Prepared in 10mM PBS, pH 7.4, with 0.2% BSA and 0.09% sodium azide.

or

Prediluted antibody which is ready-to-use for staining of formalin-fixed, paraffin-embedded tissues.

Storage and Stability:
Store vial at 4°C. When stored at 2-8°C, this antibody is stable for 24 months.

Suggested References:

Limitations and Warranty:
Our products are intended FOR RESEARCH USE ONLY and are not approved for clinical diagnosis, drug use or therapeutic procedures. No products are to be construed as a recommendation for use in violation of any patents. We make no representations, warranties or assurances as to the accuracy or completeness of information provided on our data sheets and website. Our warranty is limited to the actual price paid for the product. Lab Vision is not liable for any property damage, personal injury, time or effort or economic loss caused by our products.

Material Safety Data:
This product is not licensed or approved for administration to humans or to animals other than the experimental animals. Standard Laboratory Practices should be followed when handling this material. The chemical, physical, and toxicological properties of this material have not been thoroughly investigated. Appropriate measures should be taken to avoid skin and eye contact, inhalation, and ingestion. The material contains 0.09% sodium azide as a preservative. Although the quantity of azide is very small, appropriate care should be taken when handling this material as indicated above. The National Institute of Occupational Safety and Health has issued a bulletin citing the potential explosion hazard due to the reaction of sodium azide with copper, lead, brass, or solder in the plumbing systems. Sodium azide forms hydrazoic acid in acidic conditions and should be discarded in a large volume of running water to avoid deposits forming in metal drainage pipes.

For Research Use Only
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Additional Suggested References:
2. Maeda K; Chung YS; Takatsuka S; Ogawa Y; Onoda N; Sawada T; Kato Y; Nitta A; Arimoto Y; Kondo Y; et al. Tumour angiogenesis and tumour cell proliferation as prognostic indicators in gastric carcinoma. British Journal of Cancer, 1995 Aug, 72(2):319-23.
3. Maeda K; Chung YS; Takatsuka S; Ogawa Y; Sawada T; Yamashita Y; Onoda N; Kato Y; Nitta A; Arimoto Y; et al. Tumor angiogenesis as a predictor of recurrence in gastric carcinoma. Journal of Clinical Oncology, 1995 Feb, 13(2):477-81.
4. Ogawa Y; Chung YS; Nakata B; Takatsuka S; Maeda K; Sawada T; Kato Y; Yoshikawa K; Sakurai M; Sowa M. Microvessel quantitation in invasive breast cancer by staining for factor VIII-related antigen. British Journal of Cancer, 1995 Jun, 71(6):1297-301.
8. Hall MC; Troncoso P; Pollack A; Zhou HY; Zagars GK; Chung LW; von Eschenbach AC. Significance of tumor angiogenisis in clinically localized prostate carcinoma treated with external beam radiotherapy. Urology, 1994, 44(6):869-75.
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