

FIBB Antibody (N-term)
Purified Rabbit Polyclonal Antibody (Pab)
Catalog # AP6517a**Specification**

FIBB Antibody (N-term) - Product Information

Application	WB, IHC-P, FC,E
Primary Accession	P02675
Reactivity	Human
Host	Rabbit
Clonality	Polyclonal
Isotype	Rabbit IgG
Calculated MW	55928
Antigen Region	29-58

FIBB Antibody (N-term) - Additional Information**Gene ID** 2244**Other Names**

Fibrinogen beta chain, Fibrinopeptide B, Fibrinogen beta chain, FGB

Target/Specificity

This FIBB antibody is generated from rabbits immunized with a KLH conjugated synthetic peptide between 29-58 amino acids from the N-terminal region of human FIBB.

Dilution

WB~~1:1000
IHC-P~~1:50~100
FC~~1:10~50

Format

Purified polyclonal antibody supplied in PBS with 0.09% (W/V) sodium azide. This antibody is prepared by Saturated Ammonium Sulfate (SAS) precipitation followed by dialysis against PBS.

Storage

Maintain refrigerated at 2-8°C for up to 2 weeks. For long term storage store at -20°C in small aliquots to prevent freeze-thaw cycles.

Precautions

FIBB Antibody (N-term) is for research use only and not for use in diagnostic or therapeutic procedures.

FIBB Antibody (N-term) - Protein Information**Name** FGB**Function** Cleaved by the protease thrombin to yield monomers which, together with fibrinogen

alpha (FGA) and fibrinogen gamma (FGG), polymerize to form an insoluble fibrin matrix. Fibrin has a major function in hemostasis as one of the primary components of blood clots. In addition, functions during the early stages of wound repair to stabilize the lesion and guide cell migration during re-epithelialization. Was originally thought to be essential for platelet aggregation, based on in vitro studies using anticoagulated blood. However subsequent studies have shown that it is not absolutely required for thrombus formation in vivo. Enhances expression of SELP in activated platelets. Maternal fibrinogen is essential for successful pregnancy. Fibrin deposition is also associated with infection, where it protects against IFNG-mediated hemorrhage. May also facilitate the antibacterial immune response via both innate and T-cell mediated pathways.

Cellular Location

Secreted

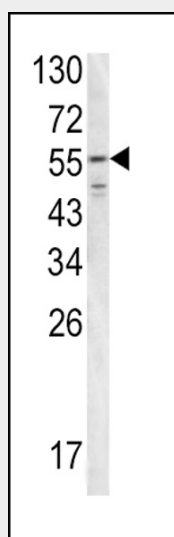
Tissue Location

Detected in blood plasma (at protein level).

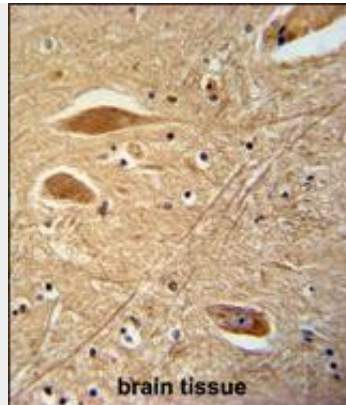
FIBB Antibody (N-term) - Protocols

Provided below are standard protocols that you may find useful for product applications.

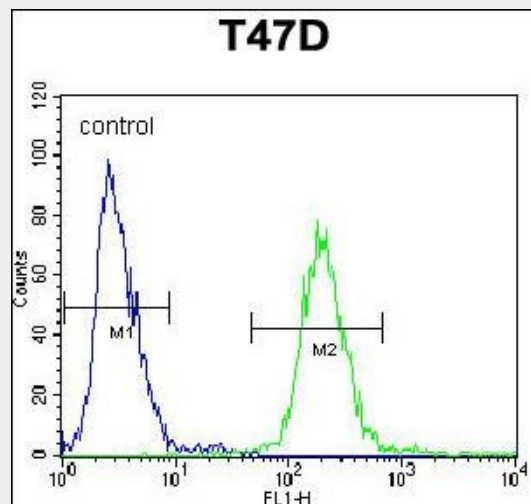
- [Western Blot](#)
- [Blocking Peptides](#)
- [Dot Blot](#)
- [Immunohistochemistry](#)
- [Immunofluorescence](#)
- [Immunoprecipitation](#)
- [Flow Cytometry](#)
- [Cell Culture](#)

FIBB Antibody (N-term) - Images

Western blot analysis of FIBB antibody (N-term) (Cat.# AP6517a) in T47D cell line lysates (35ug/lane). FIBB (arrow) was detected using the purified Pab.



FIBB Antibody (N-term) (Cat. #AP6517a) immunohistochemistry analysis in formalin fixed and paraffin embedded human brain tissue followed by peroxidase conjugation of the secondary antibody and DAB staining. This data demonstrates the use of the FIBB Antibody (N-term) for immunohistochemistry. Clinical relevance has not been evaluated.



FIBB Antibody (N-term) (Cat. #AP6517a) flow cytometric analysis of T47D cells (right histogram) compared to a negative control cell (left histogram). FITC-conjugated goat-anti-rabbit secondary antibodies were used for the analysis.

FIBB Antibody (N-term) - Background

FIBB is the beta component of fibrinogen, a blood-borne glycoprotein comprised of three pairs of nonidentical polypeptide chains. Following vascular injury, fibrinogen is cleaved by thrombin to form fibrin which is the most abundant component of blood clots. In addition, various cleavage products of fibrinogen and fibrin regulate cell adhesion and spreading, display vasoconstrictor and chemotactic activities, and are mitogens for several cell types. Mutations in its gene lead to several disorders, including afibrinogenemia, dysfibrinogenemia, hypodysfibrinogenemia and thrombotic tendency.

FIBB Antibody (N-term) - References

Sun, A., Acta Cardiol 64 (3), 357-361 (2009)
Guo, X., Neurol. Res. 31 (4), 381-384 (2009)