# Anti-Human VWF (Goat)
## Affinity-Purified IgG, 0.50 mg

Ref#: GAVWF-AP
Lot#: xxxxxx
Exp. Date: xxxx-xx

Store at -10 to -20°C

For Research Use Only
Not for Use in Diagnostic Procedures
For *in vitro* use only

| | | | |
|---|---|---|---|
| **Immunogen:** | Human von Willebrand Factor (from human plasma) | | |
| **Format:** | Affinity Purified IgG in 10 mM HEPES / 150 mM NaCl / 50% (v/v) glycerol / pH 7.4 | | |
| **Host:** | Goat | | |
| **Storage:** | Store between -10 and -20°C. Vial should be tightly capped. Do not store in frost-free freezers. Allow product to warm to room temperature and gently mix before use | | |
| **Total Protein:** | 0.50 mg | | |
| **Applications:** | Suitable as a source of enriched antibodies<br>For Research Use Only. Not for Use in Diagnostic Procedures. For *in vitro* use only | | |
| **Volume:** | 1 vial containing 0.250 mL anti-human, affinity purified IgG | | |
| **Concentration:** | 2 mg/mL affinity purified IgG by Absorbance; Extinction Coefficient $E^{1\%}_{280}$ = 13.4 | | |
| **Specificity:** | Specificity demonstrated by immunoelectrophoresis and ELISA methods | | |
| **Neutralizing Activity:** | Not Determined | | |
| **Species Cross Reactivity:** | Dog: ND | Human: + | Mouse: ND |
| | Pig: ND | Rabbit: ND | Rat: ND |

von Willebrand Factor vWF) is produced in endothelial cells and megakaryocytes. There are at least two functions of vWF, the first being its involvement in the process of platelet adhesion and aggregation through interaction with platelet receptor glycoprotein Ib, the second being the binding and stabilization of Factor VIII (antihemophilic factor) for secretion and transport in plasma. vWF circulates as multimers of disulphide linked 220,000 dalton subunits and the molecular weight of these multimers ranges from 0.5-20 million daltons. The plasma concentration of vWF is typically 10 µg/ml, increased levels are often observed in pregnancy and other conditions of physiological stress. von Willebrand's disease (vWD) is the most common inherited bleeding disorder in humans and is the result of either quantitative deficiencies of vWF (vWD Types I & III), or one of a number of qualitative disorders of vWF structure and function (vWD Type II).

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