

TFPI-2 (C-3): sc-48369

BACKGROUND

The extrinsic pathway of blood coagulation is initiated by contact of plasma factor VII with tissue factor, a cellular membrane glycoprotein that normally is segregated from the bloodstream but can be exposed after tissue injury or newly synthesized in endothelial cells or leukocytes after stimulation by endotoxin and cytokines. Inhibition of factor VIIa tissue factor activity requires a plasma component (tissue factor pathway inhibitor (TFPI), lipoprotein-associated coagulation inhibitor (LACI) or extrinsic pathway inhibitor (EPI)) and factor Xa. TFPI directly inhibits factor Xa, and, in an Xa-dependent fashion, also inhibits the factor VIIa tissue factor catalytic complex. TFPI is a multivalent, Kunitz-type proteinase inhibitor that circulates in association with plasma lipoproteins VLDL, LDL, and HDL. TFPI-2 (also known as placental protein 5) is a related glycoprotein that was originally isolated from human placenta.

REFERENCES

1. Broze, G.J., Jr. and Miletich, J.P. 1987. Characterization of the inhibition of tissue factor in serum. *Blood* 69: 150-155.
2. Rao, L.V. and Rapaport, S.I. 1987. Studies of a mechanism inhibiting the initiation of the extrinsic pathway of coagulation. *Blood* 69: 645-651.
3. Davie, E.W., et al. 1991. The coagulation cascade: initiation, maintenance, and regulation. *Biochemistry* 30: 10363-10370.
4. Girard, T.J., et al. 1991. Structure of the human lipoprotein-associated coagulation inhibitor gene. Intro/exon gene organization and localization of the gene to chromosome 2. *J. Biol. Chem.* 266: 5036-5041.
5. Enjoji, K., et al. 1993. Human tissue factor pathway inhibitor (TFPI) gene: complete genomic structure and localization on the genetic map of chromosome 2q. *Genomics* 17: 423-428.
6. Kiesel, W., et al. 1994. Evidence that a second human tissue factor pathway inhibitor (TFPI-2) and human placental protein 5 are equivalent. *Blood* 84: 4384-4385.
7. Miyagi, Y., et al. 1996. Assignment of the human PP5/TFPI-2 gene to 7q22 by FISH and PCR-based human/rodent cell hybrid mapping panel analysis. *Genomics* 35: 267-268.

CHROMOSOMAL LOCATION

Genetic locus: TFPI2 (human) mapping to 7q21.3.

SOURCE

TFPI-2 (C-3) is a mouse monoclonal antibody raised against amino acids 71-190 of TFPI-2 of human origin.

PRODUCT

Each vial contains 200 µg IgG₁ kappa light chain in 1.0 ml of PBS with < 0.1% sodium azide and 0.1% gelatin.

STORAGE

Store at 4° C, **DO NOT FREEZE**. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

APPLICATIONS

TFPI-2 (C-3) is recommended for detection of TFPI-2 of human origin by Western Blotting (starting dilution 1:10, dilution range 1:10-1:100), immunoprecipitation [1-2 µg per 100-500 µg of total protein (1 ml of cell lysate)], immunofluorescence (starting dilution 1:50, dilution range 1:50-1:500) and solid phase ELISA (starting dilution 1:30, dilution range 1:30-1:3000).

Suitable for use as control antibody for TFPI-2 siRNA (h): sc-41062, TFPI-2 shRNA Plasmid (h): sc-41062-SH and TFPI-2 shRNA (h) Lentiviral Particles: sc-41062-V.

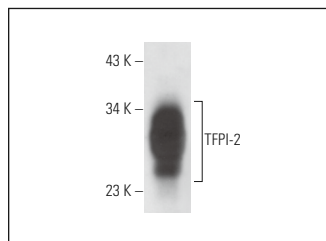
Molecular Weight of TFPI-2: 32 kDa.

Positive Controls: U-87 MG cell lysate: sc-2411 or JAR cell lysate: sc-2276.

RECOMMENDED SUPPORT REAGENTS

To ensure optimal results, the following support reagents are recommended: 1) Western Blotting: use m-IgGκ BP-HRP: sc-516102 or m-IgGκ BP-HRP (Cruz Marker): sc-516102-CM (dilution range: 1:1000-1:10000), Cruz Marker™ Molecular Weight Standards: sc-2035, UltraCruz® Blocking Reagent: sc-516214 and Western Blotting Luminol Reagent: sc-2048. 2) Immunoprecipitation: use Protein A/G PLUS-Agarose: sc-2003 (0.5 ml agarose/2.0 ml). 3) Immunofluorescence: use m-IgGκ BP-FITC: sc-516140 or m-IgGκ BP-PE: sc-516141 (dilution range: 1:50-1:200) with UltraCruz® Mounting Medium: sc-24941 or UltraCruz® Hard-set Mounting Medium: sc-359850.

DATA



TFPI-2 (C-3): sc-48369. Western blot analysis of TFPI-2 expression in U-87 MG whole cell lysate.

SELECT PRODUCT CITATIONS

1. Lu, X.F., et al. 2010. Specificity protein 1 regulates fascin expression in esophageal squamous cell carcinoma as the result of the epidermal growth factor/extracellular signal-regulated kinase signaling pathway activation. *Cell. Mol. Life Sci.* 67: 3313-3329.

RESEARCH USE

For research use only, not for use in diagnostic procedures.

PROTOCOLS

See our web site at www.scbt.com for detailed protocols and support products.