

FGG Antibody (N-term)
Purified Rabbit Polyclonal Antibody (Pab)
Catalog # AP7325a**Specification**

FGG Antibody (N-term) - Product Information

Application	WB, IF, FC,E
Primary Accession	P02679
Reactivity	Human
Host	Rabbit
Clonality	Polyclonal
Isotype	Rabbit IgG
Calculated MW	51512
Antigen Region	91-118

FGG Antibody (N-term) - Additional Information**Gene ID** 2266**Other Names**

Fibrinogen gamma chain, FGG

Target/Specificity

This FGG antibody is generated from rabbits immunized with a KLH conjugated synthetic peptide between 91-118 amino acids from the N-terminal region of human FGG.

Dilution

WB~~1:1000

IF~~1:10~50

FC~~1:10~50

E~~Use at an assay dependent concentration.

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

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

FGG Antibody (N-term) - Protein Information**Name** FGG

Function Together with fibrinogen alpha (FGA) and fibrinogen beta (FGB), polymerizes to form an insoluble fibrin matrix. 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 via an ITGB3-dependent pathway. 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

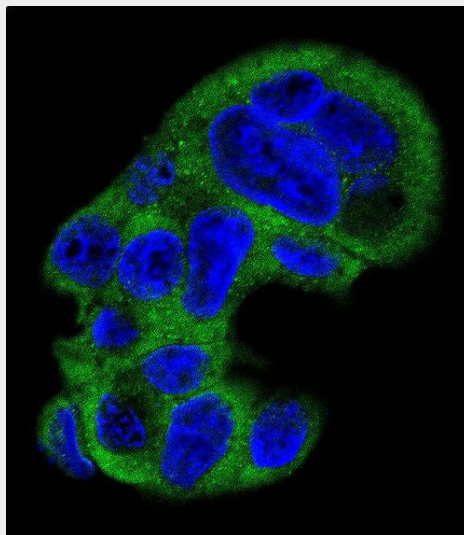
Tissue Location

Detected in blood plasma (at protein level).

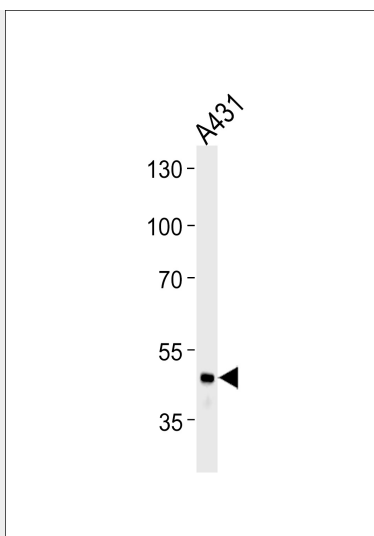
FGG Antibody (N-term) - Protocols

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

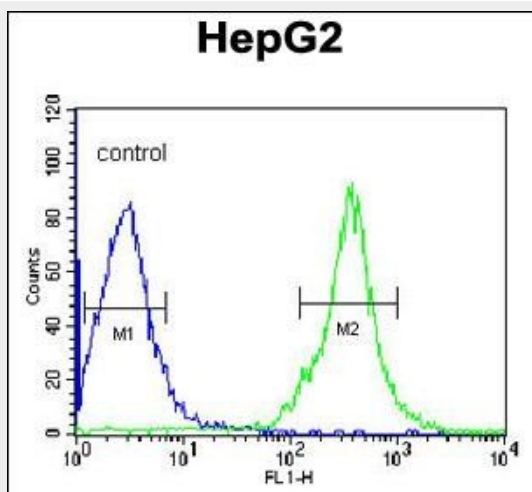
- [Western Blot](#)
- [Blocking Peptides](#)
- [Dot Blot](#)
- [Immunohistochemistry](#)
- [Immunofluorescence](#)
- [Immunoprecipitation](#)
- [Flow Cytometry](#)
- [Cell Culture](#)

FGG Antibody (N-term) - Images

Confocal immunofluorescent analysis of FGG Antibody (N-term)(Cat#AP7325a) with HepG2 cell followed by Alexa Fluor 488-conjugated goat anti-rabbit IgG (green).DAPI was used to stain the cell nuclear (blue).



FGG Antibody (N-term) (Cat. #AP7325a) western blot analysis in A431 cell line lysates (35ug/lane). This demonstrates the FGG antibody detected the FGG protein (arrow).



FGG Antibody (N-term) (Cat. #AP7325a) flow cytometric analysis of HepG2 cells (right histogram) compared to a negative control cell (left histogram). FITC-conjugated goat-anti-rabbit secondary antibodies were used for the analysis.

FGG Antibody (N-term) - Background

FGG is the gamma 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 this protein lead to several disorders, including dysfibrinogenemia, hypofibrinogenemia and thrombophilia.

FGG Antibody (N-term) - References

- Sie, M.P., Isaacs, A. J. Hypertens. 27 (7), 1392-1398 (2009)
- Nowak-Gottl, U., Weiler, H. Blood (2009) In press
- de Willige, S.U., Pyle, M.E. Thromb. Haemost. 101 (6), 1078-1084 (2009)
- Yoshida, N., Imaoka, S. Thromb. Haemost. 68 (5), 534-538 (1992)