

Anti-SCF Antibody (8L673)

Product Details

Ig Type:	Rabbit IgG
Reactivity:	Human
Conjugation:	Unconjugated
Clone:	8L673
Purification:	Protein A

Applications

Application:	ELISA
Recommended	ELISA: 1:5000-1:10000

Properties

Stability & Storage:	Store at 2°C-8°C for 1 month. Store at -20°C or -80°C for 12 months. Avoid repeated freeze-thaw cycles. Preservative-Free.
Shipping:	Shipping with blue ice.

Antigen Details

Immunogen:	Recombinant Protein: Human SCF / C-kit ligand protein (TMPY-02170)
Antigen Species:	Human
Synonyms:	SF;Con;Sl;Kitlg;Clo;SLF;Gb;KIT ligand;SCF;Mgf
Biology Area:	Cardiac Stem Cell Markers

Research Background

Similar to Kit ligand precursor (C-kit ligand), also known as Stem cell factor (SCF), Mast cell growth factor (MGF), or Hematopoietic growth factor KL. SCF/C-kit ligand is the ligand of the tyrosine-kinase receptor encoded by the KIT locus. This ligand is a pleiotropic factor that acts in utero in germ cell and neural cell development, and hematopoiesis, all believed to reflect a role in cell migration. In adults, it functions pleiotropically, while mostly noted for its continued requirement in hematopoiesis. SCF/C-kit ligand stimulates the proliferation of mast cells. This protein can augment the proliferation of both myeloid and lymphoid hematopoietic progenitors in bone marrow culture. It may act synergistically with other cytokines, probably interleukins SCF/C-kit ligand is the ligand for the tyrosine kinase receptor c-kit, which is expressed on both primitive and mature hematopoietic progenitor cells. In vitro, SCF/C-kit ligand synergizes with other growth factors, such as granulocyte colony-stimulating factor (G-CSF), granulocyte-macrophage colony-stimulating factor, and interleukin-3 to stimulate the proliferation and differentiation of cells of the lymphoid, myeloid, erythroid, and megakaryocytic lineages. In vivo, SCF/C-kit also synergizes with other growth factors and has been shown to enhance the mobilization of peripheral blood progenitor cells in combination with G-CSF. In phase I/II clinical studies administration of the combination of SCF and G-CSF resulted in a two- to threefold increase in cells that express the CD34 antigen compared with G-CSF alone.

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