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# TECHNICALLY *Speaking*

Place your order with CEDARLANE® or your local distributor.

*Please contact CEDARLANE® for lot specific information.*

## Human Thrombin

**CLPRO339**

**CLPRO339-2**

**Lot:** 105HTRM01

**Description:** Thrombin is the final protease in the blood coagulation cascade and serves both pro- and anticoagulant functions through the cleavage of several targets. The ability of thrombin to specifically recognize a wide range of substrates derives from interactions which occur outside of the active site of thrombin. Thrombin possesses two anion binding exosites which mediate many of its interactions with cofactors and substrates, and although many structures of thrombin have been solved, few such interactions have been described in molecular detail. Glycosaminoglycan binding to exosite II of thrombin plays a major role in switching off the procoagulant functions of thrombin by mediating its irreversible inhibition by circulating serpins and by its binding to the endothelial cell surface receptor thrombomodulin.

**Presentation:** 500 µg (CLPRO339) or 1 mg (CLPRO339-2), sterile filtered lyophilized powder. The protein (0.5mg/ml) was dialyzed against 5mM sodium citrate, 0.01% PEG, and 0.02M NaCl pH 6.5 before lyophilization.

**Source:** Human

**Purity:** Greater than 95.0% as determined by RP-HPLC, anion-exchange FPLC and reducing and non-reducing SDS-PAGE Silver Stained gel analysis.

**Reconstitution:** It is recommended to reconstitute the lyophilized Thrombin in sterile 18MΩ-cm H<sub>2</sub>O not less than 100µg/ml, which can then be further diluted to other aqueous solutions.

**Biological Activity:** Cedarlane's human thrombin is fully biologically active when compared to standard. The specific activity was found to be 2000 IU/mg.

For more information or to place an order please contact...

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**Stability:** Lyophilized Thrombin (although stable at room temperature for up to 3 weeks) should be stored desiccated below -18°C. For long term storage it is recommended to add a carrier protein (0.1% HSA or BSA). Avoid freeze-thaw cycles.

- References:**
1. J. Oral Maxillofac. Surg. 2005. April; **63**(4): 529-535.
  2. J. Med. Invest. 2005. February; **52**(1-2): 93-100.
  3. Invest. Ophthalmol. Vis. Sci. 2005. March; **46**(3): 925-932.
  4. Hepatology. 2005. March; **41**(3):553-558.
  5. Biochim. Biophys. Acta. 2005. February 11; **1722**(1):92-102.
  6. DNA Cell Biol. 2004. December; **23**(12):815-25.

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