

**ANXA5 Antibody (monoclonal) (M01)**

Mouse monoclonal antibody raised against a full length recombinant ANXA5.

Catalog # AT1151a

**Specification**

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**ANXA5 Antibody (monoclonal) (M01) - Product Information**

Application	IF, IP, WB, IHC, E
Primary Accession	<a href="#">P08758</a>
Other Accession	<a href="#">BC001429</a>
Reactivity	Human
Host	mouse
Clonality	Monoclonal
Isotype	IgG1 kappa
Calculated MW	35937

**ANXA5 Antibody (monoclonal) (M01) - Additional Information**

Gene ID 308

**Other Names**

Annexin A5, Anchorin CII, Annexin V, Annexin-5, Calphobindin I, CBP-I, Endonexin II, Lipocortin V, Placental anticoagulant protein 4, PP4, Placental anticoagulant protein I, PAP-I, Thromboplastin inhibitor, Vascular anticoagulant-alpha, VAC-alpha, ANXA5, ANX5, ENX2, PP4

**Target/Specificity**

ANXA5 (AAH01429, 1 a.a. ~ 320 a.a) full-length recombinant protein with GST tag. MW of the GST tag alone is 26 KDa.

**Dilution**

WB~~1:500~1000

**Format**

Clear, colorless solution in phosphate buffered saline, pH 7.2 .

**Storage**

Store at -20°C or lower. Aliquot to avoid repeated freezing and thawing.

**Precautions**

ANXA5 Antibody (monoclonal) (M01) is for research use only and not for use in diagnostic or therapeutic procedures.

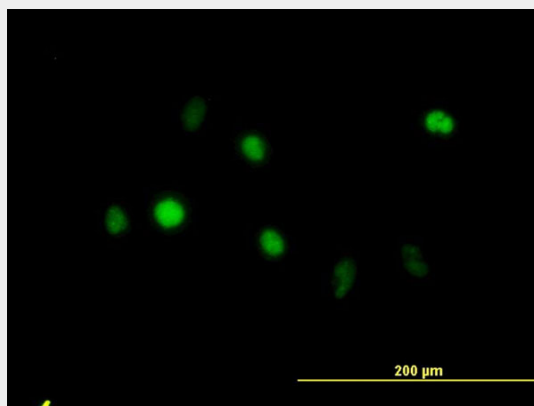
**ANXA5 Antibody (monoclonal) (M01) - Protocols**

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

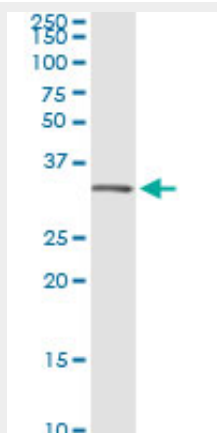
- [Western Blot](#)
- [Blocking Peptides](#)

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

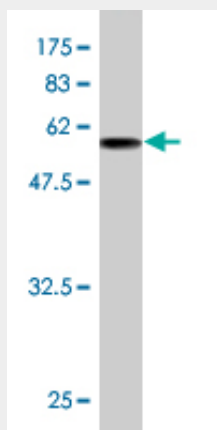
### ANXA5 Antibody (monoclonal) (M01) - Images



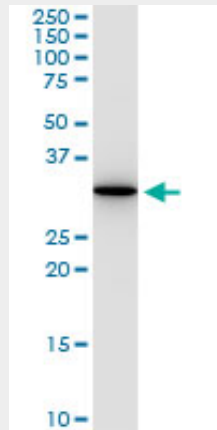
Immunofluorescence of monoclonal antibody to ANXA5 on HeLa cell. [antibody concentration 10 ug/ml]



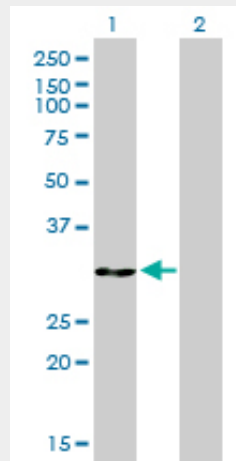
Immunoprecipitation of ANXA5 transfected lysate using anti-ANXA5 monoclonal antibody and Protein A Magnetic Bead ([U0007](#)), and immunoblotted with ANXA5 MaxPab rabbit polyclonal antibody.



Antibody Reactive Against Recombinant Protein. Western Blot detection against Immunogen (60.94 KDa) .



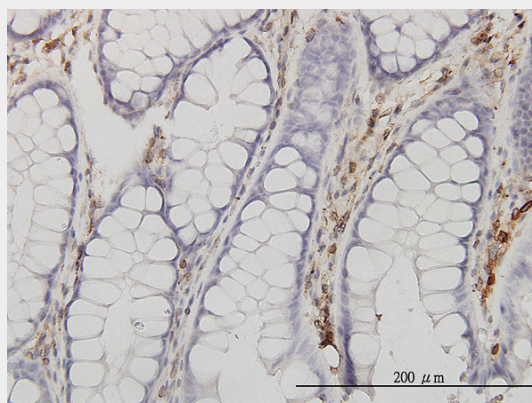
ANXA5 monoclonal antibody (M01), clone 1F4-1A5. Western Blot analysis of ANXA5 expression in HeLa.



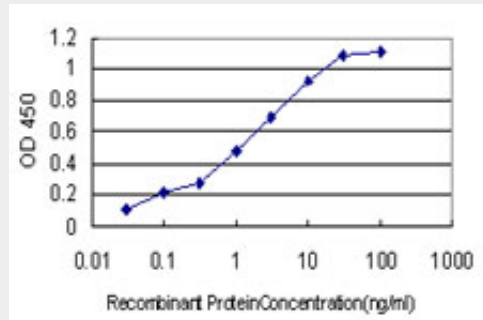
Western Blot analysis of ANXA5 expression in transfected 293T cell line by ANXA5 monoclonal antibody (M01), clone 1F4-1A5.

Lane 1: ANXA5 transfected lysate(35.9 KDa).

Lane 2: Non-transfected lysate.



Immunoperoxidase of monoclonal antibody to ANXA5 on formalin-fixed paraffin-embedded human colon. [antibody concentration 3 ug/ml]



Detection limit for recombinant GST tagged ANXA5 is approximately 0.03ng/ml as a capture antibody.

### **ANXA5 Antibody (monoclonal) (M01) - Background**

The protein encoded by this gene belongs to the annexin family of calcium-dependent phospholipid binding proteins some of which have been implicated in membrane-related events along exocytotic and endocytotic pathways. Annexin 5 is a phospholipase A2 and protein kinase C inhibitory protein with calcium channel activity and a potential role in cellular signal transduction, inflammation, growth and differentiation. Annexin 5 has also been described as placental anticoagulant protein I, vascular anticoagulant-alpha, endonexin II, lipocortin V, placental protein 4 and anchorin CII. The gene spans 29 kb containing 13 exons, and encodes a single transcript of approximately 1.6 kb and a protein product with a molecular weight of about 35 kDa.

### **ANXA5 Antibody (monoclonal) (M01) - References**

1. Transcellular distribution heterogeneity of Annexin A5 represents a protective response to lupus-related thrombophilia: A pilot Proteomics-based study. Zhou D, Luo N, Wu Q, You Y, Zhai Z, Mou Z, Wu Y, Hao F. *Biochem Biophys Res Commun.* 2012 Apr 6;420(2):357-63. Epub 2012 Mar 8.  
2. Proteomics and bioinformatics analysis of lovastatin-induced differentiation in ARO cells. Shui HA, Hsia CW, Chen HM, Chang TC, Wang CY. *J Proteomics.* 2011 Nov 7.  
3. The Differential Expression of Aqueous Soluble Proteins in Breast Normal and Cancerous Tissues in Relation to Stage and Grade of Patients. Liang S, Singh M, Gam LH. *Journal of Biomedicine and Biotechnology* doi:10.1155/2010/516469