

## Platelet Factor 4 (PF4) – human

[PF4-h]

### Properties\*

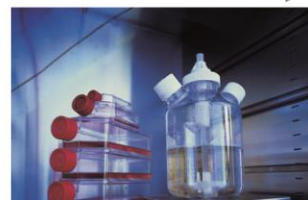
Product #	[PF4-h]
Species	human
Source	platelets
Mol wt	7.8 kDa (monomer); 31.2 kDa (tetramer)
UniProt #	P02776
Purity	> 95% as determined by SDS-PAGE (silver staining)
Product sizes	200 µg, 1 mg (different sizes are available on request)
Quality control	PF4/Heparin-ELISA (HIT-Test)**, PF4-ELISA, SDS-Page, Western Blot; N-terminal sequencing and MALDI-TOF-MS
Physical form	Lyophilized in PBS (0.22 µm filtered), carrier free (different buffers are available on request)
Reconstitution	Reconstitute carefully in <i>A. dest.</i> (1µl/µg PF4). Adjust the protein concentration with PBS. Do not vortex.
Shipping	Ambient temperature
Storage	Store dark in working aliquots at -20°C to -80°C. Avoid repeated freezing and thawing.
Stability	Lyophilisate is stable for at least 12 month at -20°C.

### Description

Platelet Factor 4 (PF4; also known as CXCL4) is synthesized in megakaryocytes and platelets. The monomer of the chemokine consists of 70 amino acids resulting in a molecular weight of 7.8 kDa. Depending on the protein concentration and buffer conditions, PF4 appears as a mono-, di-, tri-, or tetramer. PF4 is biologically active in the tetrameric form, promotes blood coagulation and is also important in wound healing and inflammation. PF4, together with heparin (PF4-heparin complex) is an important antigen of antibodies inducing heparin-induced thrombocytopenia (HIT). Purified PF4 is used in several laboratory tests for the detection of HIT antibodies.

\*Please note that the properties of this product (structure, antigenicity, function etc.) may alter under different experimental conditions. If changes (buffers, pH etc.) are made, the responsibility is transferred from the seller to the customer.

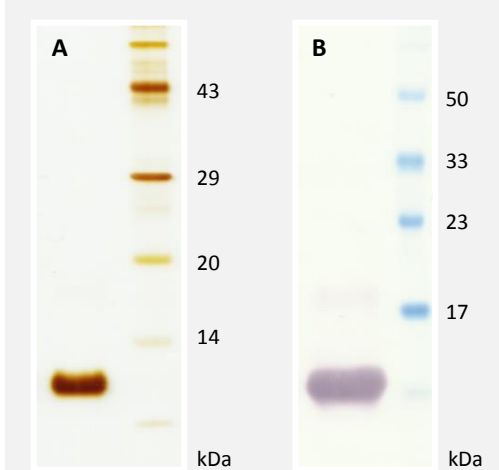
\*\*The production of PF4 and its quality control is performed in collaboration with the Institute of Immunology and Transfusion Medicine, Department of Transfusion Medicine of the University Medicine Greifswald.



**Platelet Factor 4 (PF4) – human**

[PF4-h]

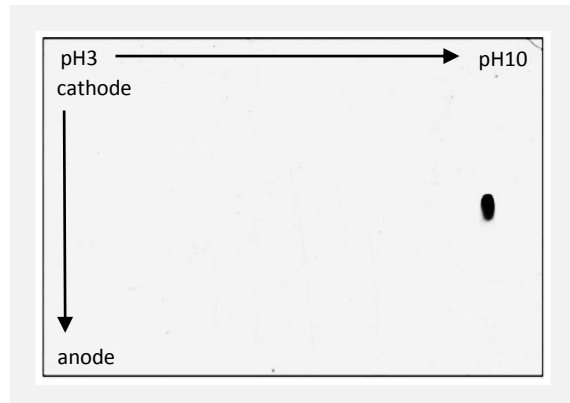
**SDS-Page & Western Blot: PF4-h**



**SDS-Page and Western Blot with PF4-h:**

**A)** SDS-Page: Human PF4 appears as a monomer under denaturing conditions. **B)** Western Blot: Human PF4 was detected using PF4 antibodies (G7, Santa Cruz, #sc374195) and alkaline phosphatase conjugated secondary antibodies.

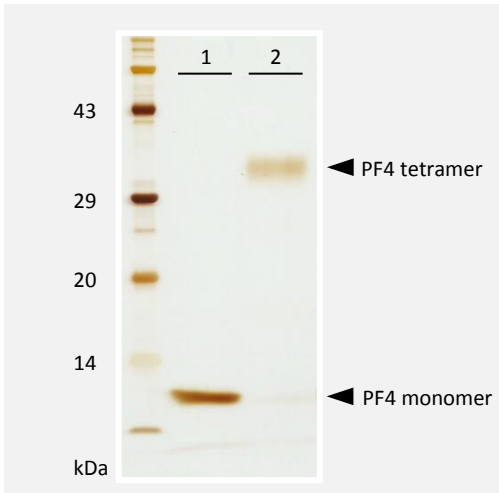
**2-dimensional-SDS-Page: PF4-h**



**2D-SDS-Page (15% PAA, Coomassie): PF4-h**

The monomer of human PF4 (PF4-h) has an isoelectric point (pI) of ~ 8.8

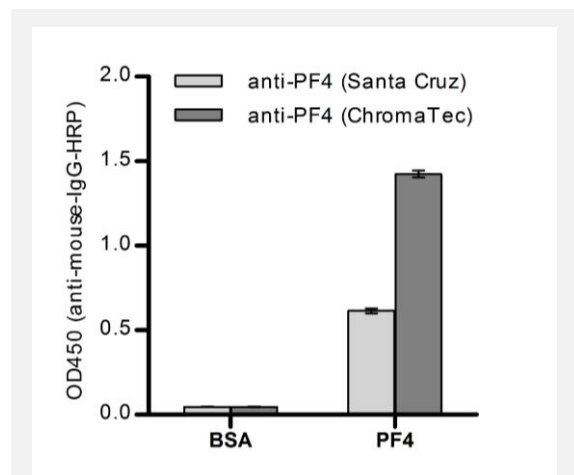
**SDS-Page: Crosslinking of PF4-h**



**SDS-Page after PF4 crosslinking: PF4-h**

Lane 1: PF4-h (0.75 µg) appears as a monomer (7.8 kDa) under denaturing conditions. Lane 2: Crosslinking of PF4 (0.75 µg) with BS3 (ThermoScientific, #21580) leads to the appearance of a band at ~ 32 kDa (PF4 tetramer) under denaturing conditions.

**ELISA: PF4-h**



**PF4-ELISA: PF4-h**

PF4 (# PF4-h, 1 µg/well) was detected by two different PF4 antibodies: Santa Cruz (# sc374195, 200 ng/ml) and ChromaTec (# a-PF4-h1, 200 ng/ml). 1 µg/well BSA was used as control. PF4 antibody binding was detected using HRP-conjugated secondary antibodies.



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### Recent publications referencing this product:

Bertini S, Fareed J, Madaschi L, et al. Characterization of PF4-Heparin Complexes by Photon Correlation Spectroscopy and Zeta Potential. *Clin Appl Thromb Hemost*. 2017; doi: 10.1177/1076029616685430

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Schulze A, Jensch I, Krauel K, et al. New insights in heparin-induced thrombocytopenia by the use of fluid-phase assays to detect specifically platelet factor 4/heparin complex antibodies and antibody-secreting cells. *Thrombosis research*. 2014;134(1):174–81.

Kreimann M, Brandt S, Krauel K, et al. Binding of anti-platelet factor 4/heparin antibodies depends on the thermodynamics of conformational changes in platelet factor 4. *Blood*. 2014;124(15):2442–9.

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Greinacher A, Ittermann T, Bagemühl J, et al. Heparin-induced thrombocytopenia: towards standardization of platelet factor 4/heparin antigen tests. *Journal of Thrombosis and Haemostasis*. 2010;8(9):2025–31.

Koenen RR, von Hundelshausen P, Nesselova IV, et al. Disrupting functional interactions between platelet chemokines inhibits atherosclerosis in hyperlipidemic mice. *Nature medicine*. 2009;15 (1):97–103.

Xiao Z, Visentin GP, Dayananda KM, et al. Immune complexes formed following the binding of anti-platelet factor 4 (CXCL4) antibodies to CXCL4 stimulate human neutrophil activation and cell adhesion. *Blood*. 2008;112(4):1091–100.

Krauel K, Füll B, Warkentin T, et al. Heparin-induced thrombocytopenia-therapeutic concentrations of danaparoid, unlike fondaparinux and direct thrombin inhibitors, inhibit formation of platelet factor 4-heparin complexes. *Journal of Thrombosis and Haemostasis*. 2008;6(12):2160–7.

Schenk S, EL-BANAYOSY A, Morshuis M, et al. IgG classification of anti-PF4/heparin antibodies to identify patients with heparin-induced thrombocytopenia during mechanical circulatory support. *Journal of Thrombosis and Haemostasis*. 2007;5(2):235–41.

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