

Growth Factor Data Sheet

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Platelet Factor 4 (PF4) is a non-ELR type of CXC chemokine. PF4 is expressed primarily in megakaryocytes and platelets, but it is also seen in a variety of other cells as well. It is released from alpha granules of activated platelets during platelet aggregation and binds to heparin with high affinity, neutralizing the anticoagulant effect of heparin. Knock-out mice exhibit increased platelets counts and reduced thrombus formation following vascular injury. PF4 binds to the integral membrane protein receptor CXCR3B, an alternatively spliced isoform of CXCR3. PF4 participates in chemotaxis of neutrophils, fibroblasts, and monocytes.

Catalog Number	2310-04
Product Name	PF4 (CXCL4), Murine Recombinant Murine Platelet Factor 4 (PF4) Chemokine (C-X-C motif) Ligand 4 (CXCL4) Heparin Neutralizing Protein Megakaryocyte-Stimulatory Factor Oncostatin A Small Inducible Cytokine Subfamily B Member 4 (SCYB4)
Source	<i>Escherichia coli</i>
MW	~8.2 kDa (76 amino acids)
Sequence	VTSAGPEESD GDLSVCVVKT ISSGIHLKHI TSLEVIKAGR HCAVPQLIAT LKNGRKICLD RQAPLYKKVI KKILES
Accession Number	Q9Z126
Purity	>97% by SDS-PAGE and HPLC analyses
Biological Activity	Fully biologically active when compared to standard. The biological activity determined by a chemotaxis bioassay using human neutrophils is in a concentration of 10-100ng/ml.
Formulation	Sterile filtered white lyophilized powder. Purified and tested for use in cell culture.
Storage/Handling	This lyophilized preparation is stable at 2-8°C, but should be kept at -20°C for long term storage. The reconstituted sample can be apportioned into working aliquots and stored at -80 °C for up to 6 months. Avoid repeated freeze/thaw cycles.
Reconstitution	The sample should be briefly centrifuged prior to opening to bring the contents to the bottom. Reconstitute in a siliconized tube using PBS that contains a 0.1% BSA to a concentration of 0.1-1.0 mg/mL. Reconstituted solutions are stable for up to one week at 2-8°C. Stock solutions should be aliquoted and stored at -80°C. Further dilutions should be made in appropriate buffered solutions containing BSA or serum.