

## KIT FOR THE DETECTION OF VAL34LEU POLYMORPHISM OF THE FACTOR XIII

# AMPLI-set-FXIII Val34Leu

Cat.n. 1.317

The development of thrombosis disease is one of the major cause of morbidity and mortality. An alteration of homeostasis is the main mechanism of thrombosis. The cause of this unbalance may be genetic.

Factor XIII of coagulation is an tetramer made by two subunits A and two subunits B ( $A_2 B_2$ ) Subunits A have a trans -glutamine enzymatic activity, that is activated by thrombin. Factor XIII plays an important role in coagulation and in fibrinolysis; it is responsible of the stabilization of the clot of fibrin with the production of covalent bonds between the  $\alpha$  and  $\gamma$  chains. Recently, many polymorphism involved in different degrees of activity of FXIII have been reported. Polymorphism C/T leading to the substitution Val34Leu in position 34 of the A chain of Factor XIII seems to protect against thrombotic diseases.

The detection of Val34Leu polymorphism is performed with an amplification with specific primers of a fragment of 192 bp, followed by a restriction section due to *Dde I* enzyme.

**Principle of Assay:** A) extraction of genomic DNA B) amplification C) enzymatic digestion D) detection on agarose gel.

Applicability: On extracted and purified genomic DNA from whole blood samples.

**Tests:** 45

### REAGENTS AND STORAGE

AMPLIFICATION	
PCR mix	-20°C
H <sub>2</sub> O sterile	-20°C
Taq Polymerase (5U/µl)	-20°C
Dde I enzyme (10 U//µl)	-20°C
Digestion buffer 10X	-20°C
Positive normal control	-20°C

Stability: over 12 months if correctly stored.

#### ANALYSIS OF RESULTS

The yield of amplification is a fragment of 192 bp The next restriction section made by the Dde I enzyme can be done the following results:

1 Absence of mutation Normal patient	2 Presence of mutation Heterozygote subject	3 Presence of mutation Homozygote subject
1 fragment	3 fragments	2 fragments
192 bp	192 bp 161 bp 31 bp	161 bp 31 bp

Usually, the resolution of agarose gel weakens the visualization of the band of 31 bp. The molecular diagnosis is guaranteed from the visualization of other fragments.

#### **References:**

Greenberg CS, Birckbichler PJ, Rice RH. FASEB J. 1991; 5: 3071-3077.

Muszbek L, Yee V, Hevessy Z. Thromb Res. 1999; 94: 271-305.

Board PG, Losowsky MS, Miloszewski KJ. Blood Rev. 1993; 7:229-242.

Kangsadalampai S, Board PG. Blood, 1998, 92; 2766-2770.

Endler G, Funk M, Haering D et al. British Journal of Haematology, 2003, 120; 310-314.

Balogh I, Szoke G, Karpati L et al. Blood, 2000, 96; 2479-2486.