

Human Leukocyte Interferon - Purified

Catalog No.:	PA1123
Quantity:	10
Background:	<p>Human LeukinFeron (LF) is a preparation of natural cytokines involved in cellular reactions elimination of pathogen (antigen). Treatment with LeukinFeron results in a reduced frequency of side effects caused by prospidine therapy. Human LeukinFeron in the combined therapy of Kaposi's sarcoma leads to a considerable improvement of the initially abnormal levels of immunocompetent and phagocytizing cells. LF activates expression of HLA-DR antigens on Human immune effectors and improve immune recognition. LF provides the normalizing action on CD4/CD8 cells interaction and cytokine production by immunocompetent cells that is important for immunoreactivity. LF is applied for the treatment of many viral diseases, bacterial infections, including sepsis, tuberculosis, chlamidial, mucoplasmic, herpetic infections and oncological diseases.</p>
Species:	Human
Source:	Leukocytes, Leukocytes from donor's blood
Format:	<p>State: Sterile filtered white freeze-dried powder Buffer System: Each vial contains 0.1M NaCl and 1 mg HSA. Reconstitution: The lyophilized LF is very soluble in water and most aqueous buffers.</p>
Description:	A single dose of Human LeukinFeron prodced from 1 million leukocytes isolated from doner's blood contains natural IFN-alpha and a complex of cytokines from the first phase of the immune response at their natural ratio: IL-6, IL-12, TNF-alpha, MIF and LIF.
Add. Information:	Protein quantitation was carried out by UV spectroscopy at 280 nm using the absorbency value of 0.21 as the extinction coefficient for a 0.1% (1mg/ml) solution at pH 8.0. This value is calculated by the PC GENE computer analysis program of protein sequences (IntelliGenetics).
Storage:	<p>Lyophilized LF although stable at room temperature for 3 weeks, should be stored desiccated below -18°C. Upon reconstitution LF should be stored at 4°C between 2-7 days and for future use below -18°C. Please avoid freeze-thaw cycles. Shelf life: one year from despatch.</p>
General Readings:	<ol style="list-style-type: none">1. Leukinferon immunomodulation in pulmonary tuberculosis. Probl Tuberk Bolezn Legk 2004;(11):47-502. Erokhin VV, Mishin Vlu, Makiev VG, Dryga OP, Gedymin LE, Lepekha LN, et al. [Leukinferon in combined therapy for acute pulmonary tuberculosis]. Probl Tuberk Bolezn Legk. 2004;(10):10-5. PubMed PMID: 15568311.3. Tsymbalov OV, Beliaev DL, Evglevski AA, Demchenko VA. [Leukinferon-induced changes in cytochemical parameters of the wound exudate neutrophilic granulocyte nucleus and

- cytoplasm in patients with maxillofacial phlegmons]. Stomatologiya (Mosk). 2004;83(4):42-5. PubMed PMID: 15340304.
4. Tsymbalov OV, Nedel'ko NA, Kuznetsov VP, Beliaev DL. [Efficacy of leukiniferon immunocorrection in patients with maxillofacial phlegmons]. Stomatologiya (Mosk). 2003;82(6):23-6. PubMed PMID: 14671589.
5. Gedymin LE, Erokhin VV, Lepekha LN, Nikolaeva GM, Kaminskaia GO, Kuznetsov VP, et al. [Effects of immunomodulator leukiniferon on the course of experimental tuberculosis]. Probl Tuberk. 2003;(1):45-52. PubMed PMID: 12652986.
6. Kuznetsov VP, Markelova EV, Smirnov GA, Lazanovich VA, Beliaev DL. [Leukiniferon in the treatment of patients with sepsis and multiple organ dysfunction syndrome]. Antibiot Khimioter. 2002;47(5):3-7. PubMed PMID: 12365325.