Monoclonal Anti-pre-Gc protein (SFTS virus (HN6)) Antibody, Mouse IgG1 (13E1)

Catalog # PRN-Y315

Source

Monoclonal Anti-pre-Gc protein (SFTS virus (HN6)) Antibody, Mouse IgG1 (13E1) antibody is produced from a hybridoma resulting from fusion of SP2/0 myeloma and B-lymphocytes obtained from a mouse immunized with pre-Gc protein.

Isotype

Mouse IgG1/kappa

Specificity

This product is a specific antibody specifically reacts with pre-Gc protein.

Application

ELISA

Purity

>90% as determined by SDS-PAGE.

Endotoxin

Less than 1.0 EU per μg by the LAL method.

Formulation

Lyophilized from 0.22 μm filtered solution in PBS, pH7.4 with trehalose as protectant.

Contact us for customized product form or formulation.

Reconstitution

Please see Certificate of Analysis for specific instructions.

For best performance, we strongly recommend you to follow the reconstitution protocol provided in the CoA.

Storage

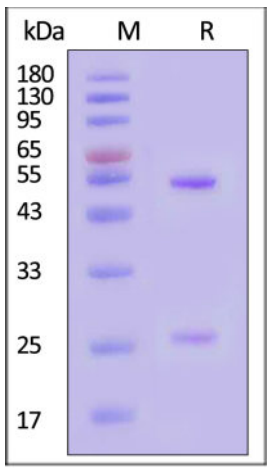
For long term storage, the product should be stored at lyophilized state at -20°C or lower.

Please avoid repeated freeze-thaw cycles.

This product is stable after storage at:

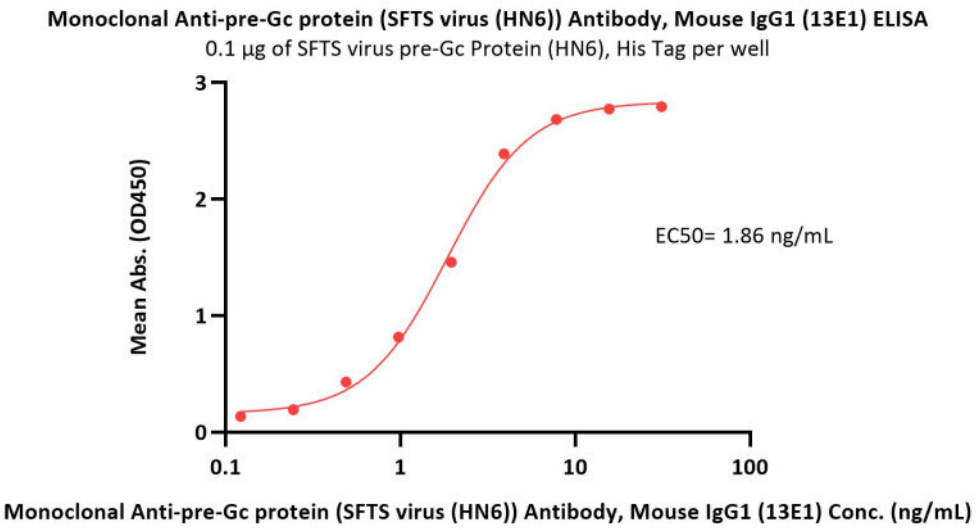
- -20°C to -70°C for 12 months in lyophilized state;
- -70°C for 3 months under sterile conditions after reconstitution.

SDS-PAGE



Monoclonal Anti-pre-Gc protein (SFTS virus (HN6)) Antibody, Mouse IgG1 (13E1) on SDS-PAGE under reducing (R) condition. The gel was stained with Coomassie Blue. The purity of the protein is greater than 90% (With Star Ribbon Pre-stained Protein Marker).

Bioactivity-Elisa



Immobilized SFTS virus pre-Gc Protein (HN6), His Tag (Cat. No. PRN-S52H3) at 1 μg/mL (100 μL/well) can bind Monoclonal Anti-pre-Gc protein (SFTS virus (HN6)) Antibody, Mouse IgG1 (13E1) (Cat. No. PRN-Y315) with a linear range of 0.1-2 ng/mL (QC tested).

Background

Severe fever with thrombocytopenia syndrome (SFTS) is an emerging viral hemorrhagic fever (VHF) endemic to China, South Korea, Japan, and Vietnam. Severe fever with thrombocytopenia syndrome (SFTS) is an infectious disease with a high fatality rate, caused by SFTS virus (SFTSV). To our knowledge, no efficient SFTSV vaccine exists.

Clinical and Translational Updates