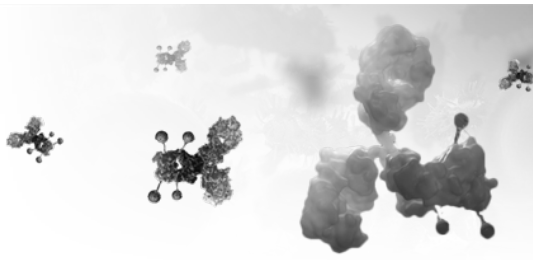

Mouse Anti-Nipah Virus Glycoprotein F monoclonal antibody, clone DH22 (CABT-L1230M)

This product is for research use only and is not intended for diagnostic use.

PRODUCT INFORMATION

Specificity	This antibody is specific for the gF protein of Nipah virus. It shows no cross reactivity with gG protein in antigen down ELISA.
Target	NIV gF
Immunogen	Immunized using pool of recombinant NiV glycoproteins G and F.
Isotype	IgG
Source/Host	Mouse
Species Reactivity	NIV
Clone	DH22
Purification	Antibody was purified from hybridoma cell culture supernatant by affinity chromatography on Protein G.
Conjugate	Unconjugated
Applications	WB, ELISA
Format	Liquid
Concentration	Lot specific
Size	100 µg, 500 µg
Buffer	Phosphate Buffered Saline pH7.4

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Preservative	None present. 0.2µm filtered.
Storage	Store at +4°C for up to one week, or at -20°C for longer periods. For long term storage at +4°C the addition of 0.09% w/v sodium azide is recommended. The antibody is shipped at ambient temperature. Avoid repeated freeze/thaw cycles.
Ship	Wet ice

BACKGROUND

Introduction	Nipah virus (NiV) is an enveloped single stranded negative sense RNA virus that belongs to the Henipavirus genus, which is a new member of the Paramyxoviridae family. Nipah infection was first recognised in Malaysia 1998/1999, where a major NiV outbreak occurred in pigs and humans. A subsequent outbreak of NiV in Singapore also pointed to pigs as an intermediate host. However, outbreaks in India and Bangladesh did not. The natural host for NiV has now been identified as the fruit bat, of the Pteropus genus, with swine acting as intermediate host in some cases. Reports suggest that transmission of Nipah virus to humans can occur through contact with NiV infected bats, food contaminated by bat's excrement, infected pigs and other NiV infected humans. Nipah, the disease caused by NiV infection is now endemic in South Asia and several outbreaks of NiV infection have been reported in India and Bangladesh. The symptoms of Nipah virus infection in humans can include rapidly developing fever, abdominal pain, nausea, vomiting, acute respiratory syndrome and severe encephalitis, which is fatal in a high percentage of cases. In 2015, the World Health Organization highlighted NiV infection as an emerging disease requiring accelerated R&D to advance in vitro diagnostic development, vaccine design and therapeutics.

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