Monoclonal Anti-SARS-Related Coronavirus 2 Spike Glycoprotein, Clone 1-3D7 (produced in vitro)

Catalog No. NR-56488
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For research use only. Not for use in humans.

Contributor and Manufacturer:
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Product Description:
Antibody Class: IgG1k
Monoclonal antibody prepared against the severe acute respiratory syndrome-related coronavirus 2 (SARS-CoV-2) spike (S) glycoprotein was purified from clone 1-3D7 hybridoma supernatant by protein G affinity chromatography. The B cell hybridoma was generated by the fusion of Sp2/myeloma cells with splenocytes from BALB/c mice immunized with mouse IgG1 Fc domain-tagged receptor binding domain (RBD) protein (residues 319 to 541).1,2

Material Provided:
Each vial of NR-56488 contains approximately 100 µL of purified monoclonal antibody in phosphate buffered saline (PBS). The concentration, expressed as milligrams per milliliter, is shown on the Certificate of Analysis.

Packaging/Storage:
NR-56488 was packaged aseptically in screw-capped plastic vials and is provided frozen on dry ice and should be stored at -80°C or colder immediately upon arrival. Freeze-thaw cycles should be avoided.

Functional Activity:
NR-56488 is a non-neutralizing antibody that targets the S glycoprotein of SARS-CoV-2.1,2 It can bind to mutations N501Y, Y453F, E484Q, K417N and L452R, equivalent to WT Spike RBD, and can stain infected lung tissue for the virus.1

NR-56488 can be used for applications such as western blot, ELISA and immunohistochemistry assays. It binds to both native and denatured spike protein.1

Citation:
Acknowledgment for publications should read “The following reagent was obtained through BEI Resources, NIAID, NIH: Monoclonal Anti-SARS-Related Coronavirus 2 Spike Glycoprotein, Clone 1-3D7 (produced in vitro), NR-56488.”

Biosafety Level: 1

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NR-56488 is claimed in International Patent Application No. PCT/US2021/040836 and the continuations, continuations-in-part, re-issues, and foreign counterparts thereof.3 To obtain a license for commercial use and for additional commercialization or licensing information, please contact Kevin Brand, CDC (yfb0@cdc.gov).

References:

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Page 1 of 2

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