



MONOBODIES

ANTI-HTLV-I gp46

Clone 68/4.11.21

Catalog Number: 0801085 **Unit Size:** 100 µg

Catalog Number: 0801118 **Unit Size:** 1 mg

PRODUCT CHARACTERISTICS

This murine monoclonal antibody reacts with Human T-Lymphotropic Virus Type I (HTLV-I) surface protein, gp46. The antibody was raised by immunizing BALB/c mice with purified HTLV-I lysate. The epitope is located between amino acids 190-209 of the viral env gene. No reactivity with the surface protein of HTLV-II (MoT) has been observed. The antibody is of the IgG₁ subclass and has been purified from serum-free culture supernatant by ammonium sulfate precipitation. The antibody is greater than 85% pure as determined using SDS polyacrylamide gel electrophoresis. Anti-HTLV-I gp46 Clone 68/4.11.21 exhibits reactivity with viral lysates using solid-phase enzyme immunoassay and Western blotting. It also reacts with HTLV-I infected cell lines using indirect immunofluorescence. The antibody immunoprecipitates gp46 surface protein from radiolabeled cell lysates, as well as viral precursor protein.

CONTENTS

Each vial contains 1 mg of antibody in phosphate-buffered saline (PBS). No preservatives added.

RECOMMENDED USAGE

The antibody is used to detect HTLV-I surface protein and its precursor in lysates prepared from virions or infected cells. Using Western blotting and/or radioimmunoprecipitation analysis, the biosynthesis and metabolism of viral surface protein may be studied. Antibody dilutions should be prepared using buffers containing suitable protein in order to stabilize antibody activity. Optimal dilution of antibody must be determined experimentally by the investigator.

STORAGE AND STABILITY

Stable at -10°C or below. The material may be re-frozen after thawing. Repetitive freezing and thawing is not recommended (aliquot as necessary). Thawed material may be stored at 4°C for short-term usage.

REFERENCES

Hague, B.F.; Zhao, T.M.; Kindt, T.J. Binding of HTLV-1 virions to T cells occurs by a temperature and calcium-dependent process and is blocked by certain type 2 adenosine receptor antagonists. *Virus Res.* 2003, 93, 31–39.

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