# PRODUCT INFORMATION



## SARS-CoV-2 Surface Glycoprotein Rabbit Monoclonal Neutralizing Antibody (Clone 004)

Item No. 33627

## **Overview and Properties**

This vial contains 100 µg of protein A-purified monoclonal antibody. Contents:

2019-nCoV Spike Glycoprotein, 2019-nCoV Surface Glycoprotein, COVID-19 Spike Synonyms:

Glycoprotein, COVID-19 Surface Glycoprotein, SARS-CoV-2 Spike Glycoprotein, Severe

Acute Respiratory Syndrome Coronavirus 2 Surface Glycoprotein

Recombinant SARS-CoV-2 Surface Glycoprotein RBD-mFc Protein Immunogen:

Species Reactivity: (+) SARS-CoV-2, HCoV-HKU1 (isolate N1); (-) SARS-CoV, MERS-CoV, HCoV-HKU1

(isolate N5), HCoV-NL63, HCoV-229E, HCoV-OC4

Form: Liquid

Storage: -20°C (as supplied)

Stability: ≥1 year

Storage Buffer: 0.2 µm filtered solution in PBS

Clone: 004

HEK293 cells Host:

Isotype: **IgG** 

Applications: ELISA; the recommended starting concentration for ELISA is 0.1-0.2 μg/ml. Other

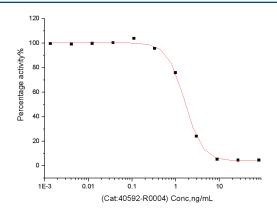
applications were not tested, therefore optimal working concentration/dilution should

be determined empirically.

## **Images**

Conc. (µg/mL)	Inhibition%
100	99.46%
20	99.38%
4	99.43%
0.8	92.12%
0.16	36.98%
0.032	41.77%
0.0064	37.85%
0.00128	26.33%

The neutralization activity was measured in a microneutralization (MN) assay in vitro. The virus MN test was performed on 293T-ACE2 cells infected with SARS-CoV-2 spike pseudovirus under treatment of serial dilutions of neutralizing antibody. The infection was neutralized by increasing concentrations of SARS-CoV-2 Surface Glycoprotein Rabbit Monoclonal Neutralizing Antibody (Clone 004). The rate of inhibition was determined by comparing the relative light units (RLUs) of a luciferase reporter in different antibody concentrations. The IC<sub>so</sub> value was approximately 0.234 µg/ml.



Serial dilutions of SARS-CoV-2 Surface Glycoprotein Rabbit Monoclonal Neutralizing Antibody (Clone 004) were detected using a SARS-CoV-2 Inhibitor Screening ELISA Kit. The IC<sub>50</sub> value was approximately 1.61 nM.

WARNING
THIS PRODUCT IS FOR RESEARCH ONLY - NOT FOR HUMAN OR VETERINARY DIAGNOSTIC OR THERAPEUTIC USE.

This material should be considered hazardous until further information becomes available. Do not ingest, inhale, get in eyes, on skin, or on clothing. Wash thoroughly after handling. Before use, the user must review the complete Safety Data Sheet, which has been sent via email to your institution.

### WARRANTY AND LIMITATION OF REMEDY

Buyer agrees to purchase the material subject to Cayman's Terms and Conditions. Complete Terms and Conditions including Warranty and Limitation of Liability information can be found on our website

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## Description

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is an enveloped positive-stranded RNA virus, a member of the *Betacoronavirus* genus, and the causative agent of COVID-19.<sup>1-5</sup> The SARS-CoV-2 surface glycoprotein, also known as the spike glycoprotein, is located on the outer envelope of the virion.<sup>1</sup> It is composed of an S1 and S2 subunit divided by a furin S-cleavage site not found in other SARS-CoVs.<sup>6,7</sup>TheS1 subunit contains the receptor-binding domain (RBD), which binds to the carboxypeptidase angiotensin-converting enzyme 2 (ACE2), and the S1 and S2 subunits are cleaved by the protease TMPRSS2 to facilitate viral fusion with the host cell membrane.<sup>8-10</sup> In this way, ACE2 acts as the functional receptor for SARS-CoV-2. SARS-CoV-2 infection can result in the production of neutralizing antibodies, which bind to the SARS-CoV-2 spike RBD preventing further viral entry and infection, starting approximately 4-10 days after symptom onset.<sup>11,12</sup> Cayman's SARS-CoV-2 Surface Glycoprotein Rabbit Monoclonal Neutralizing Antibody (Clone 004) disrupts the S1-RBD-ACE2 interaction and can be used for ELISA.

### References

- 1. Kandeel, M., Ibrahim, A., Fayez, M., et al. From SARS and MERS CoVs to SARS-CoV-2: Moving toward more biased codon usage in viral structural and nonstructural genes. J. Med. Virol. 92(6), 660-666 (2020).
- 2. Lu, R., Zhao, X., Li, J., *et al.* Genomic characterisation and epidemiology of 2019 novel coronavirus: Implications for virus origins and receptor binding. *Lancet* **395(10224)**, 565-574 (2020).
- Meo, S.A., Alhowikan, A.M., Al-Khlaiwi, T., et al. Novel coronavirus 2019-nCoV: Prevalence, biological and clinical characteristics comparison with SARS-CoV and MERS-CoV. Eur. Rev. Med. Pharmacol. Sci. 24(4), 2012-2019 (2020).
- 4. Klok, F.A., Kruip, M.J.H.A., van der Meer, N.J.M., et al. Incidence of thrombotic complications in critically ill ICU patients with COVID-19. Thromb. Res. 191, 145-147 (2020).
- Yang, F., Shi, S., Zhu, J., et al. Analysis of 92 deceased patients with COVID-19. J. Med. Virol. 92(11), 2511-2515 (2020).
- 6. Liu, Z., Xiao, X., Wei, X., et al. Composition and divergence of coronavirus spike proteins and host ACE2 receptors predict potential intermediate hosts of SARS-CoV-2. J. Med. Virol. 92(6), 595-601 (2020).
- 7. Walls, A.C., Park, Y.-J., Tortorici, M.A., *et al.* Structure, function, and antigenicity of the SARS-CoV-2 spike glycoprotein. *Cell* **181(2)**, 281-292 (2020).
- 8. Hoffmann, M., Kleine-Weber, H., Schroeder, S., et al. SARS-CoV-2 cell entry depends on ACE2 and TMPRSS2 and is blocked by a clinically proven protease inhibitor. *Cell* **181(2)**, 271-280 (2020).
- 9. Yan, R., Zhang, Y., Li, Y., et al. Structural basis for the recognition of the SARS-CoV-2 by full-length human ACE2. Science 267(6485), 1444-1448 (2020).
- 10. Wrapp, D., Wang, N., Corbett, K.S., et al. Cryo-EM structure of the 2019-nCov spike in the prefusion conformation. Science 367(6483), 1260-1263 (2020).
- 11. Wang, A., Zhang, L., Sang, L., et al. Kinetics of viral load and antibody response in relation to COVID-19 severity. J. Clin. Invest. 130(10), 5235-5244 (2020).
- 12. Xiang, F., Wang, X., He, X., et al. Antibody detection and dynamic characteristics in patients with coronavirus disease 2019. Clin. Infect. Dis. 71(8), 1930-1934 (2020).

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