

## 12-8129: Anti-Japanese Encephalitis Virus (Clone: JEV-75)

<b>Clonality :</b>	Monoclonal
<b>Clone Name :</b>	JEV-75
<b>Application :</b>	ELISA
<b>Alternative Name :</b>	NamesJEV
<b>Isotype :</b>	Human IgG1 $\lambda$
<b>Immunogen Information :</b>	A panel of human mAbs against JEV, including JEV-75, was generated from donors immunized with a GIII vaccine strain (JEV-SA14-14-2)

### Description

**Reactivity Species :** Japanese Encephalitis-Virus

**Expression Host :** HEK-293

**Endotoxin Level :**  $\leq 1.0$  EU/mg as determined by the LAL method

**Specificity :** JEV-75 activity is directed against the E ectodomain, but not to E-DI or E-DIII. Furthermore, this human Mab showed no cross-reactivity to West Nile Virus or Zika Virus E proteins.

JEV-75 binds to the E ectodomain but not to DI or DIII. Alanine scanning mutagenesis at sites corresponding to the E ectodomain cause loss-of-binding at S275 in the DI-DII-hinge region, L180 in the DI-LR, N82 in the DII-LR, W217 in the DII-central interface, and DIII residue F308 in the A-strand epitope.

**Background :** Japanese Encephalitis Virus (JEV) is a mosquito-borne, enveloped, positive-stranded RNA virus in the Flavivirus genus endemic to Asia and parts of the western Pacific<sup>1</sup>. Symptomatic JEV infection is most common in children in areas of endemicity or travellers to those regions. Severe symptoms occur in  $\sim 1\%$  of cases, with a case-fatality ratio of 20-30%. Survivors often have serious neurologic, cognitive, or psychiatric sequelae. Five JEV genotypes have been identified and existing vaccines are derived from historically predominant GIII strains.

### Product Info

<b>Amount :</b>	100 $\mu$ g
<b>Purification :</b>	$\geq 95\%$ monomer by analytical SEC
<b>Content :</b>	$\geq 5.0$ mg/ml Formulation : This recombinant monoclonal antibody is aseptically packaged and formulated in 0.01 M phosphate buffered saline (150 mM NaCl) PBS pH 7.2 - 7.4 with no carrier protein, potassium, calcium or preservatives added.
<b>Storage condition :</b>	Functional grade preclinical antibodies may be stored sterile as received at 2-8°C for up to one year. For longer term storage, aseptically aliquot in working volumes without diluting and store at $-70^{\circ}\text{C}$ . Avoid Repeated Freeze Thaw Cycles.