



MOUSE ANTI-HUMAN METAPNEUMOVIRUS MONOCLONAL ANTIBODY

CATALOG NUMBER: MAB80121 **QUANTITY:** 100 μL

LOT NUMBER: **CONCENTRATION:** 1 mg/mL

CLONE NAME: 36 **HOST/ISOTYPE:** Ms/IgG_{2a}

Human metapneumovirus (hMPV) is a member of the pneumovirinae subfamily of paramyxoviruses, **BACKGROUND:**

> first described in 2001 from pediatric respiratory specimens in the Netherlands. It is an enveloped pleomorphic virus with a single negative-strand RNA genome. Two major serotypes, A and B, have been described. Several studies identified hMPV in specimens worldwide, and estimated that by age

5 years 70% of children have developed antibodies to hMPV.

Reactive with all sub-types; A1, A2, B1, B2. Specific to the nuclear protein. **SPECIFICITY:**

ELISA APPLICATIONS:

FACS

Optimal dilutions must be determined by end user.

SPECIES REACTIVITY: Human, other species have not been verified.

FORMAT: Purified immunoglobulin

PRESENTATION: Liquid in 0.02 M PB with 0.25 M NaCl, pH 7.6. Contains 0.1% sodium azide.

STORAGE/HANDLING: Store at 2° to 8°C for up to 12 months from date of receipt.

Boivin, Guy, et al (2003). Human metapneumovirus infections in hospitalized children. Emerging **REFERENCES:**

Infect Dis 9: 634-40.

Esper, Frank, et al (2003). Human metapneumovirus infection in the United States: clinical manifestations associated with a newly emerging respiratory infection in children. Pediatrics 111:

Maggi, Fabrizio, et al (2003). Human metapneumovirus associated with respiratory tract infections in

a 3-year study of nasal swabs from infants in Italy. J Clin Microbiol 41: 2987-91.

van den Hoogen, B G, et al (2001). A newly discovered human pneumovirus isolated from young

children with respiratory tract disease. Nat Med 7: 719-24.

van den Hoogen, Bernadette G, et al (2002). Analysis of the genomic sequence of a human

metapneumovirus. Virology 295: 119-32.

Important Note: During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For

products with volumes of 200 uL or less, we recommend gently tapping the vial on a hard surface or briefly

centrifuging the vial in a tabletop centrifuge to dislodge any liquid in the container's cap.

FOR RESEARCH USE ONLY; NOT FOR USE IN DIAGNOSTIC PROCEDURES. NOT FOR HUMAN OR ANIMAL CONSUMPTION

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