

**MOUSE ANTI-HUMAN METAPNEUMOVIRUS
MONOCLONAL ANTIBODY**

CATALOG NUMBER:	MAB80128	QUANTITY:	100 μ L
LOT NUMBER:		CONCENTRATION:	1 mg/mL
CLONE NAME:	140	HOST/ISOTYPE:	Ms/IgG _{2a}
BACKGROUND:	Human metapneumovirus (hMPV) is a member of the pneumovirinae subfamily of paramyxoviruses, 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.		
SPECIFICITY:	Reactive with sub-types A1, A2, B1, and B2. Specific to the fusion protein.		
APPLICATIONS:	ELISA FACS Optimal dilutions must be determined by end user.		
SPECIES REACTIVITY:	Human, other species have not been verified.		
FORMAT:	Purified immunoglobulin		
PRESENTATION:	Liquid in 0.02M PB with 0.25M 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.		
REFERENCES:	Boivin, Guy, <i>et al</i> (2003). Human metapneumovirus infections in hospitalized children. <i>Emerging Infect Dis</i> 9 : 634-40. Esper, Frank, <i>et al</i> (2003). Human metapneumovirus infection in the United States: clinical manifestations associated with a newly emerging respiratory infection in children. <i>Pediatrics</i> 111 : 1407-10. Maggi, Fabrizio, <i>et al</i> (2003). Human metapneumovirus associated with respiratory tract infections in a 3-year study of nasal swabs from infants in Italy. <i>J Clin Microbiol</i> 41 : 2987-91. van den Hoogen, B G, <i>et al</i> (2001). A newly discovered human pneumovirus isolated from young children with respiratory tract disease. <i>Nat Med</i> 7 : 719-24. van den Hoogen, Bernadette G, <i>et al</i> (2002). Analysis of the genomic sequence of a human metapneumovirus. <i>Virology</i> 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 μ L 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 as a diagnostic.



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