

## SARS-CoV-2 Spike S1 Protein, Biotinylated (Avi & His)

### General Information

Protein Construction:	A DNA sequence encoding the SARS-CoV-2 (2019-nCoV) Spike S1 Protein (YP_009724390.1) (Val16-Arg685) was expressed with a c-terminal AVI tagged polyhistidine tag at the C-terminus. The purified protein was biotinylated in vitro. Predicted N terminal: Val16
Species:	SARS-CoV-2
Expression Host:	HEK293 Cells
Accession:	A0A6G7K2L4
Molecular Weight:	78.28 kDa (predicted)

### QC Testing

Biological Activity:	Measured by its binding ability in a functional ELISA. Immobilized human ACE2 protein (Fc tag) at 2 µg/mL (100 µL/well) can bind SARS-CoV-2 (2019-nCoV) Spike S1-AVI & His Recombinant Protein, Biotinylated, the EC50 of SARS-CoV-2 (2019-nCoV) Spike S1-AVI & His Recombinant Protein, Biotinylated is 400-800 ng/mL.
Purity:	> 95 % as determined by SDS-PAGE. > 95 % as determined by SEC-HPLC.
Endotoxin:	< 1.0 EU/µg of the protein as determined by the LAL method.
Formulation:	Lyophilized from a solution filtered through a 0.22 µm filter, containing PBS, pH 7.4. Typically, a mixture containing 5% to 8% trehalose, mannitol, and 0.01% Tween 80 is incorporated as a protective agent before lyophilization.

### Preparation and Storage

#### Reconstitution:

A Certificate of Analysis (CoA) containing reconstitution instructions is included with the products. Please refer to the CoA for detailed information.

#### Stability & Storage:

It is recommended to store recombinant proteins at -20°C to -80°C for future use. Lyophilized powders can be stably stored for over 12 months, while liquid products can be stored for 6-12 months at -80°C. For reconstituted protein solutions, the solution can be stored at -20°C to -80°C for at least 3 months. Please avoid multiple freeze-thaw cycles and store products in aliquots.

*Actual storage temperature shall be subject to the COA.*

#### Shipping:

In general, lyophilized powders are shipped with blue ice, while solutions are shipped with dry ice.

### Protein Background

The spike (S) glycoprotein of coronaviruses contains protrusions that will only bind to certain receptors on the host cell. Known receptors bind S1 are ACE2, angiotensin-converting enzyme 2; DPP4, dipeptidyl peptidase-4; APN, aminopeptidase N; CEACAM, carcinoembryonic antigen-related cell adhesion molecule 1; Sia, sialic acid; O-ac Sia,

O-acetylated sialic acid. The spike is essential for both host specificity and viral infectivity. The term 'peplomer' is typically used to refer to a grouping of heterologous proteins on the virus surface that function together. The spike (S) glycoprotein of coronaviruses is known to be essential in the binding of the virus to the host cell at the advent of the infection process. It's been reported that SARS-CoV-2 (COVID-19 coronavirus, 2019-nCoV) can infect the human respiratory epithelial cells through interaction with the human ACE2 receptor. The spike protein is a large type I transmembrane protein containing two subunits, S1 and S2. S1 mainly contains a receptor binding domain (RBD), which is responsible for recognizing the cell surface receptor. S2 contains basic elements needed for the membrane fusion. The S protein plays key parts in the induction of neutralizing-antibody and T-cell responses, as well as protective immunity. The main functions for the Spike protein are summarized as: Mediate receptor binding and membrane fusion; Defines the range of the hosts and specificity of the virus; Main component to bind with the neutralizing antibody; Key target for vaccine design; Can be transmitted between different hosts through gene recombination or mutation of the receptor binding domain (RBD), leading to a higher mortality rate.

### Reference

Xiao X, et al. (2004) The SARS-CoV S glycoprotein. *Cell Mol Life Sci.* 61 (19-20): 2428-30.

Shen S, et al. (2007) Expression, glycosylation, and modification of the spike (S) glycoprotein of SARS CoV. *Methods Mol Biol.* 379: 127-35.

Du L, et al. (2009) The spike protein of SARS-CoV--a target for vaccine and therapeutic development. *Nat Rev Microbiol.* 7 (3): 226-36.

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