Data Sheet (Cat.No.TMPY-06802)

TargetMol

HSV 2 (strain 333) Glycoprotein D/gD Protein (His)

General Information

Protein Construction:	A DNA sequence encoding the HSV 2 (strain 333 (HSV2)) gD (translated amino acids of P03172) (Lys26-Thr310) was expressed with a polyhistidine tag at the C-terminus. Predicted N terminal: Lys 26
Species:	HSV2
Expression Host:	HEK293 Cells
Accession:	P03172
Molecular Weight:	33.31 kDa (predicted); 42.79 kDa (reducing conditions)

QC Testing

Biological Activity:	Immobilized Recombinant Human CD111 / Nectin-1 / PVRL1 Protein (Fc Tag) at 2 μg/ml (100 μl/well) can bind Recombinant HSV 2 (strain 333) gD Protein (ECD, His Tag) , the EC50 is 30-100 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

Herpes simplex viruses (human herpesviruses types 1 and 2) commonly cause recurrent infection affecting the skin, mouth, lips, eyes, and genitals. Herpes simplex virus type 2 (HSV-2) infection is responsible for significant neurological morbidity, perhaps more than any other virus. Herpes simplex virus type 2–associated neurological disease may result from primary infection or reactivation of latent HSV-2. Common severe infections include

encephalitis, meningitis, neonatal herpes, and, in immunocompromised patients, disseminated infection.

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