

### SARS-CoV-2 (COVID-19) Spike Antibody (HRP)

Infectious Disease, COVID-19
Catalog # ASC12196

### **Specification**

# SARS-CoV-2 (COVID-19) Spike Antibody (HRP) - Product Information

Application E
Primary Accession PODTC2

Other Accession
Host
Clonality

OHD43416
Rabbit
Polyclonal

Isotype IgG

### SARS-CoV-2 (COVID-19) Spike Antibody (HRP) - Additional Information

Gene ID 43740568

Alias Symbol S

**Other Names** 

SARS-CoV-2 (COVID-19) Spike Antibody: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), Surface Glycoprotein, Spike protein

## **Reconstitution & Storage**

SARS-CoV-2 (COVID-19) Spike antibody can be stored at 4°C for three months and -20°C, stable for up to one year. As with all antibodies care should be taken to avoid repeated freeze thaw cycles. Antibodies should not be exposed to prolonged high temperatures.

#### **Precautions**

SARS-CoV-2 (COVID-19) Spike Antibody (HRP) is for research use only and not for use in diagnostic or therapeutic procedures.

## SARS-CoV-2 (COVID-19) Spike Antibody (HRP) - Protein Information

Name S {ECO:0000255|HAMAP-Rule:MF 04099}

#### **Function**

[Spike protein S1]: Attaches the virion to the cell membrane by interacting with host receptor, initiating the infection. The major receptor is host ACE2 (PubMed:<a

href="http://www.uniprot.org/citations/32142651" target="\_blank">32142651</a>, PubMed:<a href="http://www.uniprot.org/citations/32155444" target="\_blank">32155444</a>, PubMed:<a href="http://www.uniprot.org/citations/33607086" target="\_blank">33607086</a>). When S2/S2' has been cleaved, binding to the receptor triggers direct fusion at the cell membrane (PubMed:<a href="http://www.uniprot.org/citations/34561887" target="\_blank">34561887</a>). When S2/S2' has not been cleaved, binding to the receptor results in internalization of the virus by endocytosis using host TFRC and GRM2 and leading to fusion of the virion membrane with the host endosomal membrane (PubMed:<a href="http://www.uniprot.org/citations/32075877"

 $target="\_blank">32075877</a>, PubMed:<a href="http://www.uniprot.org/citations/32221306" target="\_blank">32221306</a>, PubMed:<a href="http://www.uniprot.org/citations/34903715" target="_blank">34903715</a>, PubMed:<a href="http://www.uniprot.org/citations/36779763"$ 



target="\_blank">36779763</a>). Alternatively, may use NRP1/NRP2 (PubMed:<a href="http://www.uniprot.org/citations/33082294" target="\_blank">33082294</a>, PubMed:<a href="http://www.uniprot.org/citations/33082293" target="\_blank">33082293</a>) and integrin as entry receptors (PubMed:<a href="http://www.uniprot.org/citations/35150743" target="\_blank">35150743</a>). The use of NRP1/NRP2 receptors may explain the tropism of the virus in human olfactory epithelial cells, which express these molecules at high levels but ACE2 at low levels (PubMed:<a href="http://www.uniprot.org/citations/33082293" target="\_blank">33082293</a>). The stalk domain of S contains three hinges, giving the head unexpected orientational freedom (PubMed:<a href="http://www.uniprot.org/citations/32817270" target=" blank">32817270</a>).

### **Cellular Location**

Virion membrane {ECO:0000255|HAMAP-Rule:MF\_04099, ECO:0000269|PubMed:32979942}; Single-pass type I membrane protein {ECO:0000255|HAMAP-Rule:MF\_04099, ECO:0000269|PubMed:34504087}. Host endoplasmic reticulum-Golgi intermediate compartment membrane {ECO:0000255|HAMAP-Rule:MF\_04099, ECO:0000269|PubMed:34504087}; Single-pass type I membrane protein {ECO:0000255|HAMAP-Rule:MF\_04099}. Host cell membrane {ECO:0000255|HAMAP-Rule:MF\_04099}. Note=Accumulates in the endoplasmic reticulum-Golgi intermediate compartment, where it participates in virus particle assembly. Some S oligomers are transported to the host plasma membrane, where they may mediate cell-cell fusion (PubMed:34504087). An average of 26 +/-15 S trimers are found randomly distributed at the surface of the virion (PubMed:32979942) {ECO:0000255|HAMAP-Rule:MF\_04099, ECO:0000269|PubMed:32979942, ECO:0000269|PubMed:34504087}

### SARS-CoV-2 (COVID-19) Spike Antibody (HRP) - Protocols

Provided below are standard protocols that you may find useful for product applications.

- Western Blot
- Blocking Peptides
- Dot Blot
- Immunohistochemistry
- Immunofluorescence
- Immunoprecipitation
- Flow Cytomety
- Cell Culture

## SARS-CoV-2 (COVID-19) Spike Antibody (HRP) - Images

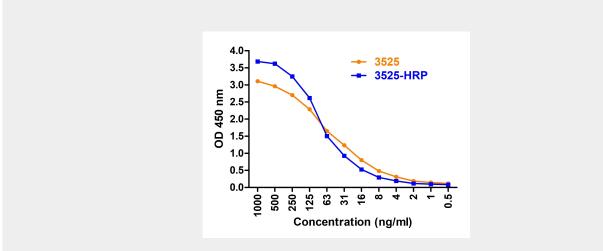


Figure 1 ELISA Validation



Coating Antigen: immunogen peptide, 3525P, 10  $\mu$ g/mL, incubate at 4 °C overnight. Detection Antibodies: SARS-CoV-2 Spike antibody, 3525-HRP or 3525, dilution: 0.5-1000 ng/mL, incubate at RT for 1 hr. 3525 was detected by anti-rabbit HRP-conjugated secondary antibodies at 1:10,000, incubate at RT for 1 hr.

# SARS-CoV-2 (COVID-19) Spike Antibody (HRP) - Background

Coronavirus disease 2019 (COVID-19), formerly known as 2019-nCoV acute respiratory disease, is an infectious disease caused by SARS-CoV-2, a virus closely related to the SARS virus (1). The disease is the cause of the 2019-20 coronavirus outbreak (2). The structure of 2019-nCoV consists of the following: a Spike protein (S), hemagglutinin-esterease dimer (HE), a membrane glycoprotein (M), an envelope protein (E) a nucleoclapid protein (N) and RNA. Coronavirus invades cells through Spike (S) glycoproteins, a class I fusion protein. It is the major viral surface protein that coronavirus uses to bind to the human cell surface receptor. It also mediates the fusion of host and viral cell membrane, allowing the virus to enter human cells and begin infection (3). The spike protein is the major target for neutralizing antibodies and vaccine development (4). The protein modeling suggests that there is strong interaction between Spike protein receptor-binding domain and its host receptor angiotensin-converting enzyme 2 (ACE2), which regulate both the cross-species and human-to-human transmissions of COVID-19 (5). The recent study has shown that the SARS-CoV-2 spike protein binds ACE2 with higher affinity than SARS-CoV spike protein (6).

# SARS-CoV-2 (COVID-19) Spike Antibody (HRP) - References

Gorbalenya. bioRxiv: 2020. Hui et al. Int J Infect Dis. 2020;91:264-266. Belouzard et al. Viruses. 2012;4(6):1011-33. Lee et al. J Virol. 2006;80(8):4079-87. Wan et al. J Virol. 2020. Wrapp et al. Science. 2020.