BACKGROUND

Epstein-Barr virus (EBV), also designated human herpesvirus 4 (HHV-4), is a member of the herpesvirus family and is one of the most common human viruses, infecting about 90% of the population. EBV infects only B lymphocytes and, though often asymptomatic, it can cause infectious mononucleosis, a disease characterized by fatigue, fever, sore throat and muscle soreness. The linear genome of EBV circularizes once it enters the cell and exists there as an episome. EBV may play a role in the development of both Burkitt lymphoma, a disease in which a tumor can form on the mandible or maxilla, and nasopharyngeal carcinoma, a tumor found in the upper respiratory tract, most commonly in the nasopharynx. The viral capsid antigen (VCA) of EBV is used as a marker for screening for viral infection as well as nasopharyngeal carcinoma and many antigens from the viral capsid are used in diagnostic tests.

REFERENCES


SOURCE

EBV viral capsid antigen (1.B.265) is a mouse monoclonal antibody raised against Epstein-Barr Virus.

PRODUCT

Each vial contains 100 µg IgG 1 in 1.0 ml PBS with < 0.1% sodium azide and 0.1% gelatin.

APPLICATIONS

EBV viral capsid antigen (1.B.265) is recommended for detection of EBV viral capsid antigen by immunofluorescence (starting dilution 1:50, dilution range 1:50-1:500).

RECOMMENDED SECONDARY REAGENTS

To ensure optimal results, the following support (secondary) reagents are recommended: 1) Immunofluorescence: use goat anti-mouse IgG-FITC: sc-2010 (dilution range: 1:100-1:400) or goat anti-mouse IgG-TR: sc-2781 (dilution range: 1:100-1:400) with UltraCruz™ Mounting Medium: sc-24941.

STORAGE

Store at 4° C, **DO NOT FREEZE**. Stable for one year from the date of shipment. Non-hazardous. No MSDS required.

RESEARCH USE

For research use only, not for use in diagnostic procedures.

PROTOCOLS

See our web site at www.scbt.com or our catalog for detailed protocols and support products.