



### Source

Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0, His,Avitag (RSF-V82E7) is expressed from human 293 cells (HEK293).

### Molecular Characterization

This protein carries a polyhistidine tag at the C-terminus, followed by an Avi tag (Avitag™).

The protein has a calculated MW of 57.8 kDa. The protein migrates as 60-65 kDa when calibrated against [Star Ribbon Pre-stained Protein Marker](#) under reducing (R) condition (SDS-PAGE) due to glycosylation.

### Labeling

*Biotinylation of this product is performed using Avitag™ technology. Briefly, the single lysine residue in the Avitag is enzymatically labeled with biotin.*

### Protein Ratio

Passed as determined by the HABA assay / binding ELISA.

### Endotoxin

Less than 1.0 EU per µg by the LAL method.

### Purity

>95% as determined by SDS-PAGE.

### Formulation

Lyophilized from 0.22 µm filtered solution in 0.1 M Sodium citrate, 150 mM NaCl, pH5.5 with trehalose as protectant.

Contact us for customized product form or formulation.

### Reconstitution

Please see Certificate of Analysis for specific instructions.

*For best performance, we strongly recommend you to follow the reconstitution protocol provided in the CoA.*

### Storage

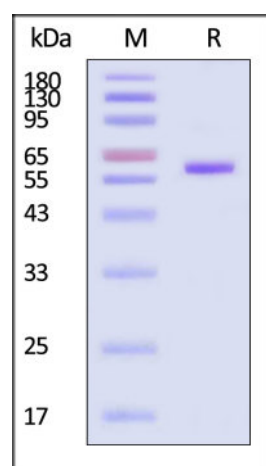
For long term storage, the product should be stored at lyophilized state at -20°C or lower.

*Please avoid repeated freeze-thaw cycles.*

This product is stable after storage at:

- -20°C to -70°C for 12 months in lyophilized state;
- -70°C for 3 months under sterile conditions after reconstitution.

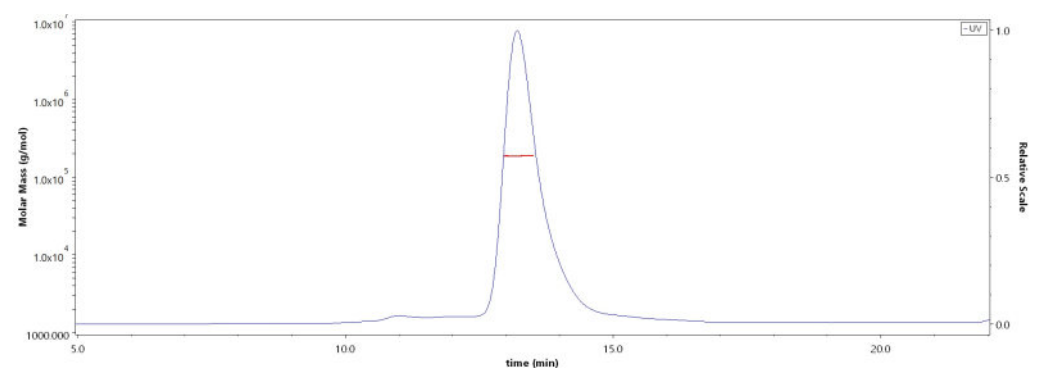
### SDS-PAGE



Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0, His,Avitag on SDS-PAGE under reducing (R) condition. The gel was stained with Coomassie Blue. The purity of the protein is greater than 95% (With [Star Ribbon Pre-stained Protein Marker](#)).

### Bioactivity-ELISA

### SEC-MALS



The purity of Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0, His,Avitag (Cat. No. RSF-V82E7) is more than 85% and the molecular weight of this protein is around 185-225 kDa verified by SEC-MALS. [Report](#)

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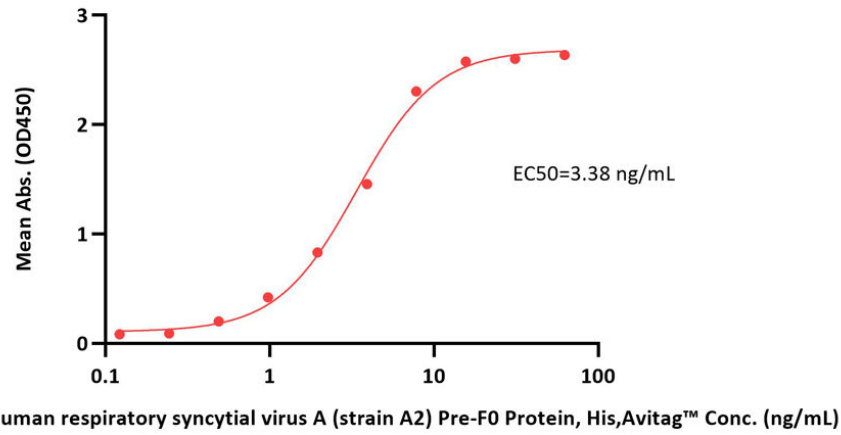


# Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0 Protein, His,Avitag™ (MALS verified)

Catalog # RSF-V82E7

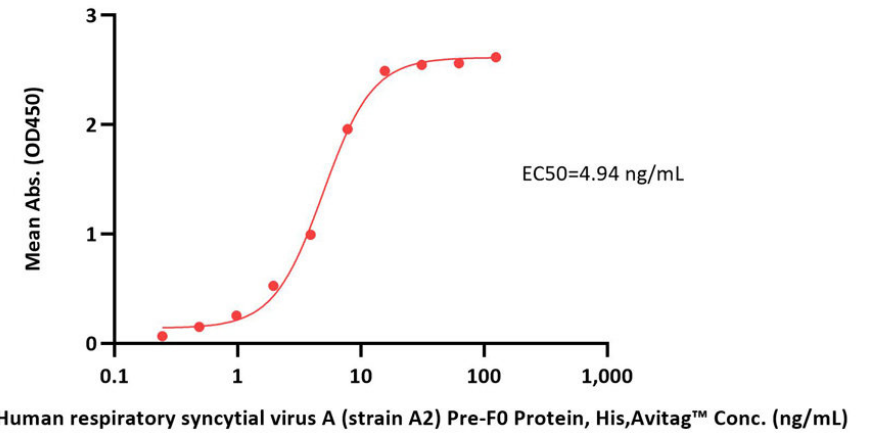


Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0 Protein, His,Avitag™ ELISA  
0.5 µg of Anti-Fusion glycoprotein F0 Antibody, Human IgG1 (D25) per well



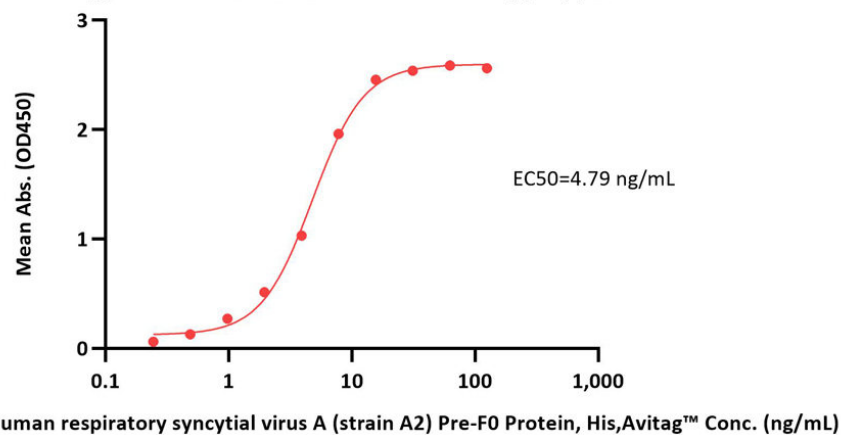
Immobilized Anti-Fusion glycoprotein F0 Antibody, Human IgG1 (D25) at 5 µg/mL (100 µL/well) can bind Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0, His,Avitag (Cat. No. RSF-V82E7) with a linear range of 0.1-8 ng/mL (QC tested).

Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0 Protein, His,Avitag™ ELISA  
0.5 µg of Anti-Fusion glycoprotein F0 Antibody, Mouse IgG2a (101F) per well



Immobilized Anti-Fusion glycoprotein F0 Antibody, Mouse IgG2a (101F) at 5 µg/mL (100 µL/well) can bind Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0, His,Avitag (Cat. No. RSF-V82E7) with a linear range of 0.2-16 ng/mL (QC tested).

Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0 Protein, His,Avitag™ ELISA  
0.5 µg of Recombinant Mouse Anti-RSV F Antibody (5C4) per well



Immobilized Recombinant Mouse Anti-RSV F Antibody (5C4) at 5 µg/mL (100 µL/well) can bind Biotinylated Human respiratory syncytial virus A (strain A2) Pre-F0, His,Avitag (Cat. No. RSF-V82E7) with a linear range of 0.2-16 ng/mL (QC tested).

## Background

Human respiratory syncytial virus (HRSV) is the most common etiological agent of acute lower respiratory tract disease in infants and can cause repeated infections throughout life. The RSV fusion glycoprotein (RSV F) is the principal target of RSV neutralizing antibodies in human sera. The RSV F is a type I viral fusion protein synthesized as inactive, single-chain polypeptides that assemble into trimers. RSV F fuses the viral and host cell membranes by irreversible protein refolding from the labile prefusion conformation to the stable post-fusion conformation.

## Clinical and Translational Updates

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