

Screening Libraries

Proteins

Product Data Sheet



Coxsackievirus A16 VP4 Protein (68a.a, sf9, Fc)

Cat. No.: HY-P76281

Synonyms: Coxsackievirus A16 (Cox A16) (strain G-10) VP4 Protein; VP4 Protein; CV

Species:

Sf9 insect cells Source: Accession: AAA50478 (G2-K69)

Gene ID: 1461111

Molecular Weight: Approximately 32.6 kDa.

| | \mathbf{a} | пг | | TE C |
|------|--------------|----|----|------|
| 1217 | 4 8 1 | PF | КΙ | TES |
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| Appearance | Lyophilized powder. |
|---------------------|--|
| Formulation | Lyophilized from a $0.2~\mu m$ filtered solution of 100 mM glycine, 10 mM NaCl, pH 8.0. Normally $5~\%$ - $8~\%$ trehalose, mannitol and 0.01% Tween 80 are added as protectants before lyophilization. |
| Endotoxin Level | <1 EU/µg, determined by LAL method. |
| Reconsititution | It is not recommended to reconstitute to a concentration less than 100 $\mu g/mL$ in ddH ₂ O. |
| Storage & Stability | Stored at -20°C for 2 years. After reconstitution, it is stable at 4°C for 1 week or -20°C for longer (with carrier protein). It is recommended to freeze aliquots at -20°C or -80°C for extended storage. |
| Shipping | Room temperature in continental US; may vary elsewhere. |

DESCRIPTION

Background

Coxsackievirus A16 (CVA16) can cause hand-foot-and-mouth disease (HFMD), a common acute infectious disease. CVA16 is a small, non-enveloped, icosahedral particle containing a single-stranded, positive-sense viral RNA genome of approximately 7.4 kb in length. CVA16 can be cleaved by viral proteases into 4 structural (VP1 to VP4) and 7 nonstructural (2A to 2C, and 3A to 3D) proteins^[1]. Therefore, Coxsackievirus A16 VP1 Protein is one of the capsid subunit protein of cleaved CVA16. CVA16 interacts with its host receptors (cell surface heparan sulfate glycosaminoglycans and SCARB2, also known as LIMP-2 as its uncoating receptor) to enter into susceptible cells. Upon binding, CVA16 mature virions may transform to an uncoating intermediate state, termed the "135S-like particle" or "A-particle", with the feature of expanded capsid, loss of pocket factor, and an enlarged two-fold opening^[2].

Caution: Product has not been fully validated for medical applications. For research use only.

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