

**MOUSE ANTI-DENGUE TYPE 4 VIRUS
MONOCLONAL ANTIBODY**

CATALOG NUMBER:	MAB8704	QUANTITY:	100 μ l
LOT NUMBER:			
CLONE NAME:	1H10-6	HOST/ISOTYPE:	Ms/ IgG ₁
BACKGROUND:	<p>Dengue fever is an acute, mosquito-transmitted viral disease characterized by fever, headache, arthralgia (severe retro-orbital pain), myalgia, rash, nausea, and vomiting. Infections are caused by any of the four closely related, but antigenically distinct virus serotypes (DEN-1, DEN-2, DEN-3, and DEN-4). Infection with one of these serotypes does not provide cross-protective immunity, so persons living in a dengue-endemic area can have four dengue infections during their lifetimes. Dengue is primarily an urban disease of the tropics, and the viruses that cause it are maintained in a cycle that involves humans and <i>Aedes aegypti</i>, a domestic, day-biting mosquito that prefers to feed on humans. Although most dengue infections result in relatively mild illness, some can produce Dengue Hemorrhagic Fever (DHF) or dengue shock syndrome, with children being particularly at risk. Although epidemic outbreaks have been reported since 1779, the incidence has been increasing, with global, multiple serotype pandemics intensifying within the last 15 years. There is no specific antiviral therapy for dengue, but for both classical dengue and dengue hemorrhagic fever, symptomatic and supportive measures are effective. Important risk factors for DHF include the strain and serotype of the virus involved, as well as the age, immune status, and genetic predisposition of the patient.</p>		
SPECIFICITY:	Reacts with the Dengue type 4 virus.		
IMMUNOGEN:	Dengue type 4 virus antigens (H241).		
APPLICATIONS:	Immunofluorescent assay and hemagglutination-inhibition tests. Final working dilutions must be determined by end user.		
FORMAT:	Ascites		
STORAGE/HANDLING:	Maintain at -20°C in undiluted aliquots or up to 12 months from date of receipt. Avoid repeated freeze/thaw cycles.		
REFERENCES:	<i>Am. J. Trop. Med. Hyg.</i> (1982) 31 :548-555.		

Important Note: *During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. For products with volumes of 200 μ L or less, we recommend gently tapping the vial on a hard surface or briefly centrifuging the vial in a tabletop centrifuge to dislodge any liquid in the container's cap.*

For research use only; not for use as a diagnostic.

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