

Recombinant Chikungunya Virus E1 Envelope Protein, His-tagged

Product Information Cat# CHI-053 **Product Name** Recombinant Chikungunya Virus E1 Envelope Protein, His-tagged **Description** Chikungunya Virus E1 Envelope protein is a unique product that has been developed in response to the need for high purity, properly assembled and glycosylated Chikungunya virus antigens for use in the development of Chikungunya virus diagnostics and in vaccine development and research / development (including use as an immunogen). Chikungunya Virus E1 Envelope protein is produced in human cell lines using state-of-the-art expression techniques. Type Recombinant Gene E1 Envelope **Species CHIKV** Source **HEK293** Synonyms Chikungunya Virus E1 Envelope **Formulation** 20mM Tris-HCl pH 7.8, 210mM NaCl **Purity**

Fax:1-631-938-8127 45-1 Ramsey Road, Shirley, NY 11967, USA



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>95% pure by SDS-PAGE

Storage

Short Term Storage: +4 centigrade Long Term Storage: -80 centigrade Avoid multiple freeze/thaw cycles

Notes

This product is intended for research and manufacturing uses only. It is not a diagnostic device. The user assumes all responsibility for care, custody and control of the material, including its disposal, in accordance with all regulations.

Tags

C-terminal 6xHis

Protein Length

1-415

Freezing

Can be frozen

Sequence Strain

Senegal 37997

Background

Chikungunya virus is a member of the genus Alphavirus in the family Togaviridae. Chikungunya fever is a mosquito-borne disease first identified in Tanzania in 1953. Since 2004 there have been extensive outbreaks in Africa and Asia, and in 2013 the first cases were identified in the Caribbean, and by September 2014 more than 650,000 cases had been reported in the Americas. Chikungunya fever usually starts 2–4 days after chikungunya virus infection, with clinical symptoms including high fever, rash, headache, vomiting, myalgia, and severe joint pain.

Because the virus is transmitted by the same mosquitos that transmit Dengue Virus and Zika

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Virus, and the clinical symptoms of infection with the viruses are also similar, it is important to be able to distinguish diagnostically between the different infections. Because the use of aspirin and other NSAIDs can increase the risk of haemmorhage in Dengue fever, patients should be treated as having Dengue fever until a diagnosis of Dengue fever has been excluded.

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