

**DESCRIPTION**

<b>Source</b>	Human embryonic kidney cell, HEK293-derived sars-cov-2 Spike protein		
	SARS-CoV-2 Spike (Val16-Lys1211)(Trp152Cys, Leu452Arg, Asp614Gly)(Arg682Ser, Arg685Ser, Lys986Pro, Val987Pro) Accession # YP_009724390.1	GCN4-IZ	6-His tag
	N-terminus		C-terminus
<b>N-terminal Sequence Analysis</b>	Val16		
<b>Predicted Molecular Mass</b>	138 kDa		

**SPECIFICATIONS**

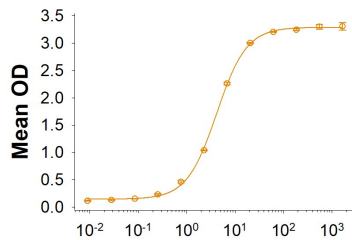
<b>SDS-PAGE</b>	145-165 kDa, under reducing conditions.
<b>Activity</b>	Measured by its binding ability in a functional ELISA with Recombinant Human ACE-2 His-tag (Catalog # 933-ZN).
<b>Endotoxin Level</b>	<0.10 EU per 1 µg of the protein by the LAL method.
<b>Purity</b>	>95%, by SDS-PAGE visualized with Silver Staining and quantitative densitometry by Coomassie® Blue Staining.
<b>Formulation</b>	Lyophilized from a 0.2 µm filtered solution in PBS with Trehalose. See Certificate of Analysis for details.

**PREPARATION AND STORAGE**

<b>Reconstitution</b>	Reconstitute at 500 µg/mL in PBS.
<b>Shipping</b>	The product is shipped at ambient temperature. Upon receipt, store it immediately at the temperature recommended below.
<b>Stability &amp; Storage</b>	Use a manual defrost freezer and avoid repeated freeze-thaw cycles. <ul style="list-style-type: none"> <li>• 12 months from date of receipt, -20 to -70 °C as supplied.</li> <li>• 1 month, 2 to 8 °C under sterile conditions after reconstitution.</li> <li>• 3 months, -20 to -70 °C under sterile conditions after reconstitution.</li> </ul>

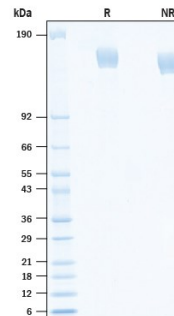
**DATA**

**Binding Activity**



**Recombinant SARS-CoV-2 CAL.20C Spike (GCN4-IZ) His-tag Protein Binding Activity**  
 Recombinant SARS-CoV-2 CAL.20C Spike (GCN4-IZ) His-tag (Catalog # 10849-CV) binds Recombinant Human ACE-2 His-tag (Catalog # 933-ZN) in a functional ELISA.

**SDS-PAGE**



**Recombinant SARS-CoV-2 CAL.20C Spike (GCN4-IZ) His-tag Protein SDS-PAGE.** 2 µg/lane of Recombinant SARS-CoV-2 CAL.20C Spike (GCN4-IZ) His-tag (Catalog # 10849-CV) was resolved with SDS-PAGE under reducing (R) and non-reducing (NR) conditions and visualized by Coomassie® Blue staining, showing bands at 145-165 kDa.

## BACKGROUND

SARS-CoV-2, which causes the global pandemic coronavirus disease 2019 (Covid-19), belongs to a family of viruses known as coronaviruses that also include MERS-CoV and SARS-CoV-1. Coronaviruses are commonly comprised of four structural proteins: Spike protein (S), Envelope protein (E), Membrane protein (M) and Nucleocapsid protein (N) (1). The SARS-CoV-2 S protein is a glycoprotein that mediates membrane fusion and viral entry. The S protein is homotrimeric, with each ~180-kDa monomer consisting of two subunits, S1 and S2 (2). In SARS-CoV-2, as with most coronaviruses, proteolytic cleavage of the S protein into S1 and S2 subunits is required for activation. The S1 subunit is focused on attachment of the protein to the host receptor while the S2 subunit is involved with cell fusion (3-5). The S protein of SARS-CoV-2 shares 75% and 29% amino acid sequence identity with S protein of SARS-CoV-1 and MERS, respectively. The S Protein of the SARS-CoV-2 virus, like the SARS-CoV-1 counterpart, binds a metalloproteinase, Angiotensin-Converting Enzyme 2 (ACE-2), but with much higher affinity and faster binding kinetics through the receptor binding domain (RBD) located in the C-terminal region of S1 subunit (6). It has been demonstrated that the S Protein can invade host cells through the CD147/EMMPRIN receptor and mediate membrane fusion (7, 8). Polyclonal antibodies to the RBD of the SARS-CoV-2 protein have been shown to inhibit interaction with the ACE-2 receptor, confirming RBD as an attractive target for vaccinations or antiviral therapy (9). There is also promising work showing that the RBD may be used to detect presence of neutralizing antibodies present in a patient's bloodstream, consistent with developed immunity after exposure to the SARS-CoV-2 (10). Several emerging SARS-CoV-2 genomes with mutations compared to the Wuhan-Hu-1 SARS-CoV-2 reference sequence have been identified, including the CAL.20C, or B.1.429, variant. The CAL.20C variant has become widely circulating in California and contains a L452R mutation in the RBD domain (11). The L452R mutation is also found in the B.1.617 variant of concern (VOC), increasingly detected in India (12). The L452R mutation might contribute to increased infectivity and this mutation has been shown to be more resistant to some neutralizing antibodies (13, 14).

## References:

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