



# SZABO SCANDIC

Part of Europa Biosite

## Produktinformation



Forschungsprodukte & Biochemikalien



Zellkultur & Verbrauchsmaterial



Diagnostik & molekulare Diagnostik



Laborgeräte & Service

Weitere Information auf den folgenden Seiten!  
See the following pages for more information!



### Lieferung & Zahlungsart

siehe unsere [Liefer- und Versandbedingungen](#)

### Zuschläge

- Mindermengenzuschlag
- Trockeneiszuschlag
- Gefahrgutzuschlag
- Expressversand

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## Mouse anti-Human Cytomegalovirus, clone 8B1.2, 1G5.2 &amp; 2D4.2 (Monoclonal)

Clone no. 8B1.2,1G5.

MONOSAN

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Product name	Mouse anti-Human Cytomegalovirus, clone 8B1.2, 1G5.2 & 2D4.2 (Monoclonal)
Host	Mouse
Applications	IHC-P (1:25-1:50)
Species reactivity	human
Conjugate	-
Immunogen	Unknown or proprietary to MONOSAN and/or its suppliers
Isotype	IgG2a
Clonality	Monoclonal
Clone number	8B1.2,1G5.2&2D4.2
Size	1 ml
Concentration	n/a
Format	-
Storage buffer	Tris Buffer, pH 7.3-7.7, containing 1% BSA and <0.1% Sodium Azide
Storage until expiry date	2-8°C

FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES

Mouse anti-Human Cytomegalovirus, clone 8B1.2, 1G5.2 &amp; 2D4.2 (Monoclonal)

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MONOSAN

**Additional info**

Human cytomegalovirus (CMV) is a  $\beta$ -herpesvirus (human herpesvirus 5) that causes widespread persistent infection. CMV continues to be an important opportunistic pathogen in immunocompromised patients. It is estimated that 30% of transplant recipients experience CMV disease. The range of organ involvement in post-transplant CMV disease is wide; hepatitis occurs in 40% of liver transplant recipients, and pneumonitis is more frequently seen in heart and heart-lung transplant patients. Other organs that are commonly affected are the gastrointestinal tract and the peripheral and central nervous systems. Histologic diagnosis of CMV in fixed tissues usually rests on identifying characteristic cytopathic effects including intranuclear inclusions, cytoplasmic inclusions, or both, especially in the endothelial cells. However, histologic examination lacks sensitivity, and in some cases atypical cytopathic features can be confused with reactive or degenerative changes.

**References**

1. Drummer, JS et al. J Infect Dis 1985; 152:1182-1191
2. Cote, L et al. J Clin Microbiol 1993; 31:2066-2069
3. Sheehan, MM et al. Cytopathology 1998; 9:29-37
4. Saetta, A et al. Virchows Arch 1998; 432:159-162
5. de la Hoz, RE et al. J Clin Virol 2002; 25:S1-S12

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