

Product Specification Sheet

**Monoclonal Mouse Anti-Gonorrhea Antibodies**

<input type="checkbox"/> <b>Cat # GNR11-M</b>	Monoclonal Mouse Anti-Gonorrhea IgG, aff pure (clone 1)	<b>SIZE:</b> 100 ug
<input type="checkbox"/> <b>Cat # GNR12-M</b>	Monoclonal Mouse Anti-Gonorrhea IgG, aff pure (clone 2)	<b>SIZE:</b> 100 ug

Gonorrhea is a common human sexually transmitted infection caused by the bacterium *Neisseria gonorrhoeae*. The usual symptoms in men are burning with urination and penile discharge. Women, on the other hand, are asymptomatic half the time or have vaginal discharge and pelvic pain. In both men and women if gonorrhea is left untreated, it may spread locally causing epididymitis or pelvic inflammatory disease or throughout the body, affecting joints and heart valves. Treatment is commonly with ceftriaxone (Rocephin) as antibiotic resistance has developed to many previously used medications. This is typically given in combination with either azithromycin or doxycycline, as gonorrhea infections may occur along with chlamydia, an infection which ceftriaxone does not cover. Some strains of gonorrhea have begun showing resistance to this treatment, which will make infection more difficult to treat.

*Neisseria gonorrhoeae*, also known as gonococci (plural), or gonococcus (singular), is a species of Gram-negative coffee bean-shaped diplococci bacteria responsible for the sexually transmitted infection gonorrhea. *N. gonorrhoea* was first described by Albert Neisser in 1879. Symptoms of infection with *N. gonorrhoeae* differ depending on the site of infection. Note also that 10% of infected males and 80% of infected females are asymptomatic. A mother may transmit gonorrhea to her newborn during childbirth; when affecting the infant's eyes, it is referred to as ophthalmia neonatorum. It cannot be spread by toilets or bathrooms.

*N. gonorrhoeae* has surface proteins called Opa proteins, which bind to receptors on immune cells. In so doing, *N. gonorrhoeae* is able to prevent an immune response. The host is also unable to develop an immunological memory against *N. gonorrhoeae* – which means that future reinfection is possible. *N. gonorrhoeae* can also evade the immune system through a process called antigenic variation, in which the *N. gonorrhoeae* bacterium is able to alter the antigenic determinants (sites where antibodies bind) such as the Opa proteins[4] and Type IV pili that adorn its surface. The many permutations of surface proteins make it more difficult for immune cells to recognize *N. gonorrhoeae* and mount a defense. There are no vaccine available for gonorrhea.

**Source of Peptide Antigen and Antibodies**

<b>Antigen</b>	Pool of UV-inactivated whole cell <i>N. gonorrhoeae</i> cells: NRL strains G-7, R-11 and 7122 (W-I), 5766 and 8038 (W-II), 8660 (W-III).
<b>Ab Host/type</b>	Mouse, monoclonal, IgG2b ( <b>cat # GNR11-M</b> ) & clone 2 (#GNR12-M; IgG2b) in PBS, pH 7.5 containing 0.05% azide;. <b>Reconstitute powder</b> in 100 ul water or PBS. Store frozen at -20oC or below.
<b>2-ab</b>	<b>Goat Anti-mouse IgG-HRP conjugate</b> Cat # 40320 (AP, biotin, FITC conjugates also available)
<b>-ve control IgG</b>	Cat # 20008-1, Mouse (non-immune) Serum IgG, purified, suitable for ELISA, Western, IHC as -ve control

**Storage**

**Short-term:** unopened, undiluted vials for less than a week at 4oC.

**Long-term:** at -20C or below in suitable aliquots after reconstitution. Do not freeze and thaw and store working, diluted solutions.

**Stability:** 6-12 months at -20oC or below.

**Shipping:** 4oC for solutions and room temp for powder.

**Recommended Usage**

**ELISA:** Test 1:100-1:1000 diluted controls using Recombinant HPV16E7 protein coated plates.

Western: use at 1:200-1:1000 dilution

**Antibody specificity Cross-reactivity**

This antibody does not cross-react with: *N. meningitidis*, *N. cinerea*, *N. lactamica*, *M. sicca*, *B. catarrhalis*, *E. coli*, *P. mirabilis*, *Gardnerella vaginalis*, Group B. *Strep.* or *Chlamydia trachomatis*. Tested against serovars: NRL 6-7, NRLR-11 and 7122 (W-1), NRL 5766 and 8038 (W-11), and NRL 8660 (W-111).

**General References:** Moran JS (2007) *Clin Evid (Online)* 2007; Bary PM (2009) *Expert Opin Pharmacother* 10 (4): 555–77; Deguchi T, et al (2010). *J. Urol.* 184 (3): 851–8; quiz 1235; Vickerman, P.; (2005). *Molecular Diagnosis* 9 (4): 175–179;

*For In Vitro Research Use and Manufacturing Only.*

GNR1112-M 131015A

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