

BP1047**Polyclonal Antibody to *Listeria monocytogenes* - Purified****Quantity:**

1 ml

Concentration:

4-5 mg/ml (OD280 nm, E0.1% = 1.4)

Background:

The genus *Listeria* comprises six species: *L. monocytogenes*, *L. innocua*, *L. welshimeri*, *L. seeligeri*, *L. ivanovii* and *L. grayi*. *Listeria monocytogenes*, the most commonly isolated pathogenic member, is associated with a wide spectrum of human and animal diseases. In the smear from the original tissue, *L. monocytogenes* may appear as gram-positive coccobacilli that may be confused with *Streptococcus agalactiae* (group B), enterococci, or *Corynebacterium* spp. *Listeria* is differentiated from streptococci by a positive catalase test. *L. monocytogenes* is the only species of the genus *Listeria* that has been clearly documented as a pathogen for humans. The forms of disease caused by this organism are myriad and age-related. The most common clinical manifestations are meningitis and septicemia. *Listeria monocytogenes*, a food-borne intracellular animal and human pathogen, interacts with infected host cells both prior to entry and during the intracellular phase of infection.

Host:

Rabbit

Immunogen:*Listeria monocytogenes*; ATCC #43251**Format:****State:** Liquid purified Ig fraction (> 95% pure)**Purification:** Protein A Chromatography.**Buffer System:** 0.01 M PBS, pH 7.2 containing 0.09% Sodium Azide as preservative without stabilizing proteins.**Applications:****ELISA.**

Other applications not tested. Optimal dilutions are dependent on conditions and should be determined by the user.

Specificity:

This antibody recognizes whole cells.

Antiserum is not absorbed and may react with other related microorganisms.

Cross-reacts with Group A *Streptococcus*, Group B *Streptococcus*, *S. pneumoniae*, *Staph aureus*, *Clostridium perfringens* and *Bacillus subtilis*.

Storage:

Store the antibody undiluted at 2-8°C for one month or (in aliquots) at -20°C for longer.

Avoid repeated freezing and thawing.

Shelf life: one year from despatch.

General Readings:

1. Antonini JM, Roberts JR, Jernigan MR, Yang HM, Ma JY, Clarke RW. Residual oil fly ash increases the susceptibility to infection and severely damages the lungs after pulmonary challenge with a bacterial pathogen. *Toxicol Sci.* 2002 Nov;70(1):110-9. PubMed PMID: 12388840.
2. Van Kirk LS, Hayes SF, Heinzen RA. Ultrastructure of *Rickettsia rickettsii* actin tails and localization of cytoskeletal proteins. *Infect Immun.* 2000 Aug;68(8):4706-13. PubMed PMID: 10899876.
3. Heinzen RA, Grieshaber SS, Van Kirk LS, Devin CJ. Dynamics of actin-based

movement by *Rickettsia rickettsii* in vero cells. Infect Immun. 1999 Aug;67(8):4201-7. PubMed PMID: 10417192.

4. Desai PT, Walsh MK, Weimer BC. Solid-phase capture of pathogenic bacteria by using gangliosides and detection with real-time PCR. Appl Environ Microbiol. 2008 Apr;74(7):2254-8. doi: 10.1128/AEM.02601-07. Epub 2008 Feb 8. PubMed PMID: 18263751.