Human papillomavirus (HPV) is a virus from the papillomavirus family of viruses that is capable of infecting humans. Like all papillomaviruses, HPV's establish productive infections only in keratinocytes of the skin or mucous membranes. While the majority of the nearly 200 known types of HPV cause no symptoms in most people, some types can cause warts (verrucae), while others can lead to cancers of the cervix, vulva, vagina, and anus in women or cancers of the anus and penis in men. HPV infection is a cause of nearly all cases of cervical cancer. Over 120 HPV types have been identified and are referred to by number. Types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, and 59 are "high-risk" sexually transmitted HPVs. Two vaccines are available to prevent infection by some HPV types: Gardasil, marketed by Merck, and Cervarix, marketed by GlaxoSmithKline. Both vaccines utilize recombinant L1 proteins and protect against initial infection with HPV types 16 and 18, which cause most of the HPV associated cancer cases. Gardasil also protects against HPV types 6 and 11, which cause 90% of genital warts.

The HPV genome (dsDNA of ~8000 base pairs) is composed of six early (E1, E2, E3, E4, E6, and E7) and two late (L1 and L2) proteins. After the host cell is infected E1 and E2 are expressed first. In the upper layers of the host epithelium, the late genes L1 and L2 are transcribed/translated and serve as structural proteins that encapsidate the amplified viral genomes. The papillomavirus capsid also contains a viral protein known as L2, which is less abundant. L2 is of interest as a possible target for more broadly protective HPV vaccines.

HPV 6 l1 (protein accession #AAC53712, 501-aa), HPV11 l1 (protein accession #AAC53712, 501-aa), HPV16 L1 (protein accession #AAP20601; 568-aa/427-aa), HPV18 L1 (protein accession #ACA14209; 531aa/505-aa), HPV16 L1 (protein accession #CCB84764, 503-aa), HPV18 L1 (protein accession #CCB84764, 503-aa)

**Recommended Usage**

**Western Blotting.** Purified antibody should be tested 1:200-1:2000 dilution for Western. It is suggested that user optimize actual dilution and conditions according their application. The antibody recognizes 60 kDa recombinant HPV16L1 protein in Western blots.

**ELISA:** Control protein should be coated at 1-10 ug/ml.

**Immunocytochemistry.** Not tested. We recommend the use of affinity pure antibody to reduce background (use at 5-10 ug/ml).

**Antibody specificity Cross-reactivity**

Antibody recognized HPV16L1 major capsid protein. Antibody cross react with HPVL1s from other types has not been established. Antibody crossreactivity in various other species is not established. Purified recombinant HPV16L1 protein is available for control studies.


**For In Vitro Research Use and Manufacturing Only.**

Related material available from ADI HPV6, 11, 16, 18 E1-E6, L1, L2 Proteins, antibodies, and ELISA kits

**Product Specification Sheet**

**Human Papillomavirus Type 16 capsid L1 (HPV16 L1) protein Antibodies**

<table>
<thead>
<tr>
<th>Cat #</th>
<th>Description</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV16L11-M</td>
<td>Mouse Monoclonal Anti-HPV16L1 IgG</td>
<td>100 ul</td>
</tr>
<tr>
<td>HPV16L11-C</td>
<td>Recombinant purified HPV16L1 protein control for WB</td>
<td>100 ul</td>
</tr>
</tbody>
</table>

**Form & Storage of Antibodies/Peptide Control**

**Purified IgG (unpurified, undiluted)**

100 ul/vial solution lyophilized powder contains 0.05% sodium azide

Reconstitute powder in the original vol. of water

**Storage**

Short-term: unopened, undiluted vials for less than a week at 40C.

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 –20C or below.

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