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Ten Facts about the New Virus

1. The new virus causing COVID-19 was named **2019-nCoV** or **hCoV-19** at the beginning of the pandemic, and was officially renamed to **SARS-CoV-2** on Feb. 11, 2020 by WHO. [Click here for the source link.](#)

2. SARS-CoV-2 is among the largest RNA viruses. It is **positive -sense, single-stranded, ranging 29.8 kb to 29.9 kb**. It has 4 structural proteins: the **S (spike), E (envelope), M (membrane), and N (nucleocapsid) proteins**. The N protein holds the RNA genome, and the other 3 proteins together create the viral envelope.

3. CDC received a clinical specimen collected from the first reported U.S. COVID-19 patient on Jan. 20, 2020, and immediately started to isolate and grow the virus for study. On Feb. 2, CDC started to distribute the SARS-CoV-2 to medical and scientific researchers. [Click here for the source link.](#)

4. The newest Nature article reviewed **the biology and replication** of SARS-CoV-2, and here is [the link for the review article.](#)

5. A collaborative effort is on-going by multiple organizations around the world on **Genome Wide Association Studies (GWAS) of COVID-19**, and [here is the information site for public download.](#)

6. Using data from GISAID, researchers are exploring the accruing mutations in SARS-CoV-2 geographically and over time, with an emphasis on the S protein. [Click here to access the webpage COVID-19 Viral Genome Analysis Pipeline.](#)

7. By tracking the changes in SARS-CoV-2, a mutation in the S protein, **D614G**, **was reported to increase infectivity of SARS-CoV-2**, and this SARS-CoV-2 variant has been the prevalent strain of the pandemic in Europe and the U.S. since March of 2020. [Click here for the related research paper.](#)

8. Another variant, **A222V**, is a **prevalent circulating strain in Europe** in recent months according to the report posted on a preprint server on October 28, 2020. [Here is the link.](#)

9. A few **re-infected SARS-CoV-2 cases** have been reported in several countries. A case study with genomic evidence provided was published on Oct. 12. [Here is the link to this peer reviewed paper on Lancet.](#)

10. With the concern about the length of protection from potential COVID vaccines and the possibility of re-infection for the recovered COVID-19 patients, researchers in Iceland tracked and tested a large amount of samples in population and their results indicated that **antiviral antibodies against SARS-CoV-2 did not decline within 4 months after diagnosis**. [See the NEJM paper here.](#)

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For the S protein, including S1, RBD, and their corresponding antibodies

S1 protein, glycosylated, C-terminal His-tag: **SCV2-S1-150P**

RBD, glycosylated, C-terminal His-tag: **SCV2-RBD-050P**

RBD, glycosylated, C-terminal hFc-tag: **SCV2-RBD-060P**

Anti-spike polyclonal antibody: **SCV2-S-100**

Anti-S1 human monoclonal IgM: **SCV2-S1-h25**

Anti-S1 human monoclonal IgG1: **SCV2-S1-h22**

Anti-S1 mouse monoclonal IgG1: **SCV2-S1-21m**

Anti-spike RBD human monoclonal neutralizing IgG1: **SCV2-RBD-h12**

Anti-spike RBD human monoclonal IgG1: **SCV2-RBD-100m** and **SCV2-RBD-h26**

Anti-spike RBD mouse monoclonal IgG1: **SCV2-RBD-01m**

For the M protein and antibodies

Membrane (M) protein, N-ter His tag:
SCV2-M-050P

Anti-M(aa188-215) polyclonal:
SCV2-M-100

Anti-M(aa159-186) polyclonal:
NCV-M-005

For the E and N proteins

Envelope protein (E), N-ter His-SUMO-
tag: **SCV2-E-050P**

Nucleocapsid protein (NP), C-ter His-tag
SCV2-NP-050P

Anti-NP polyclonal: **SCV2-NP-100**

Anti-NP-monoclonal: **SCV2-NP-02m**