**PRODUCT INFORMATION**

**Product Overview:** Herpes Simplex Virus 1&2 (HSV 1&2)
Pre-diluted Polyclonal Antibody

**Immunogen:** Herpes Simplex Virus

**Host animal:** Rabbit

**Reactivity:** Any infected tissue

**Application:** Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

**Cellular Localization:** Nuclear and cytoplasm

**Positive Control:** HSV infected tissues

**Normal Tissue:** N/A

**Abnormal Tissue:** Infected tissue

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**BACKGROUND**

**Introduction:** Antigen detection, in tissues and cells, is a multi-step immunohistochemical process. The initial step binds the primary antibody to its specific epitope. After labeling the antigen with a primary antibody, a universal, affinity-purified, secondary antibody is added to bind to the primary antibody. An enzyme label is then added to bind to the secondary antibody; this detection of the bound antibody is evidenced by a colorimetric reaction. This antibody reacts with Herpes Simplex Virus (HSV) 1 and 2. It reacts with major viral envelope glycoproteins and with core proteins. Infected biopsy tissues include oesophagus, lung, liver, cervix and perianal region, as well as cytology specimens. HSV can also infect both the peripheral and central nervous system. Viral antigens may be detected in the cytoplasm and nucleus. Typically, HSV Type 1, infects tissues such as lung and oesophagus and HSV Type 2, infects the genitals and anus. This antibody does not cross-react with cytomegalovirus, Epstein-Barr virus, or varicella zoster virus. This antibody is compatible with formalin fixation, however prolonged fixation can be detrimental to HSV staining.

**Keyword:** Group I (dsDNA); Herpesviridae; Alpha-herpesvirinae; Simplexvirus; Herpes simplex virus 1 (HSV-1); Herpes simplex virus 2 (HSV-2); Herpes simplex virus 1; Herpes Simplex Virus; Herpes Simplex Virus Type 1; HSV 1; Human herpesvirus 1; Human herpesvirus type 1; Herpes simplex virus 2; Herpes Simplex Virus Type 2; HSV 2; Human herpesvirus 2; Human herpesvirus type 2; Herpes Simplex Virus 1 and 2

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**REFERENCES**

1. Dr. Richard W. Cartun. Communication; April 1, 1999.