

# Human sVCAM-1/ CD106 ELISA Kit

Instructions for use

Catalogue numbers:

1x48 tests: EA101175 1x96 tests: EA101176 2x96 tests: EA101177

For research use only

Fast Track Your Research.....

## **Table of Contents**

1.	Intended use	
2.	Principle of the Method	.2
3.	Reagents provided and reconstitution	.2
4.	Materials required but not provided	.3
5.	Storage Instructions	.3
6.	Specimen collection, processing & storage	.3
7.	Safety & precautions for use	.4
8.	Assay Preparation	.5
8.1.	Assay Design	
8.2.	Preparation of Wash Buffer	
8.3.	Preparation of Standard Diluent Buffer	.5
8.4.	Preparation of Standard	.6
8.5.	Preparation of Controls	.6
8.6.	Preparation of Samples	.6
8.7.	Preparation of Biotinylated Anti sVCAM	.6
8.8.	Preparation of HRP-Conjugate	.7
9.	Method	.8
10.	Data Analysis	
11.	Assay limitations	.9
12.	Performance Characteristics	.10
12.1	. Sensitivity	.10
12.2	. Precision	.10
12.3	Expected Serum Values	.10
13.	References	.11
14.	Assay Summary	.13

## Human sVCAM-1/CD106 ELISA KIT

## 1. Intended use

The OriGenehuman sVCAM-1/CD106 ELISA is a solid phase sandwich ELISA for the *in-vitro* qualitative and quantitative determination of soluble Vascular Cellular Adhesion Molecule-1 (sVCAM-1) in cell culture supernatants, buffered solutions or human serum, plasma, or other body fluids. This assay will recognize both natural and recombinant human sVCAM-1.

#### This kit has been configured for research use only.

## 2. Principle of the Method

The sVCAM-1 Kit is a solid phase sandwich Enzyme Linked Immuno-Sorbent Assay (ELISA). A monoclonal antibody specific for sVCAM-1 has been coated onto the wells of the microtiter strips provided. Samples, including standards of known sVCAM-1 concentrations and unknowns are pipetted into these wells.

During the first incubation, the sVCAM-1 antigen and a biotinylated monoclonal antibody specific for sVCAM-1 are simultaneously incubated.

After washing, the enzyme (streptavidin-peroxydase) is added. After incubation and washing to remove all the unbound enzyme, a substrate solution which is acting on the bound enzyme is added to induce a coloured reaction product. The intensity of this coloured product is directly proportional to the concentration of sVCAM-1present in the samples.

<b>Reagents</b> (Store@2-8°C)	Quantity 1x48 well kit Cat no. EA101175	Quantity 1x96 well kit Cat no. EA101176	Quantity 2x96 well kit Cat no. EA101177	Reconstitution
96 well microtiter strip plate	1/2	1	2	Ready to use (Pre-coated)
Plastic plate covers	2	2	4	n/a
Standard: 50 ng/ml	1 vial	2 vials	4 vials	Reconstitute as directed on the vial (see Assay preparation, section 8)
Control	1 vial	2 vials	4 vials	Reconstitute as directed on the vial (see Assay preparation, section 8)
Standard Diluent (Buffer)	1 vial (25ml)	1 vial (25ml)	1 vial (25ml)	10x Concentrate, dilute in distilled water (see reagent preparation, section 8)
Biotinylated anti sVCAM-1	1 vial (0.4ml)	1 vial (0.4ml)	2 vials (0.4ml)	Dilute in Biotinylated Antibody Diluent (see Assay preparation, section 8)
Biotinylated Antibody Diluent	1 vial (7ml)	1 vial (7ml)	1 vial (13ml)	Ready to use
Streptavidin-HRP	1 vial (5µl)	2 vials (5µl)	4 vials (5µl)	Add 5µl of HRP diluent prior to use (see Assay preparation, section 8)
HRP Diluent	1 vial (23ml)	1 vial (23ml)	1 vial (23ml)	Ready to use
Wash Buffer	1 vial (10ml)	1 vial (10ml)	2 vials (10ml)	(10ml) 200x Concentrate dilute in distilled water (see Assay preparation, section 8)
TMB Substrate	1 vial (11ml)	1 vial (11ml)	1 vial (24ml)	Ready to use
H <sub>2</sub> SO <sub>4</sub> stop reagent	1 vial (11ml)	1 vial (11ml)	2 vials (11ml)	Ready to use

## 3. Reagents provided and reconstitution

## 4. Materials required but not provided

- Microtiter plate reader fitted with appropriate filters (450nm required with optional 630nm reference filter)
- Microplate washer or wash bottle
- 10, 50, 100, 200 and 1,000µl adjustable single channel micropipettes with disposable tips
- 50-300µl multi-channel micropipette with disposable tips
- Multichannel micropipette reagent reservoirs
- Distilled water
- Vortex mixer
- Miscellaneous laboratory plastic and/or glass, if possible sterile

## 5. Storage Instructions

Store kit reagents between 2 and 8°C. Immediately after use remaining reagents should be returned to cold storage (2-8°C). Expiry of the kit and reagents is stated on box front labels. The expiry of the kit components can only be guaranteed if the components are stored properly, and if, in case of repeated use of one component, the reagent is not contaminated by the first handling.

Wash Buffer: Once prepared store at 2-8° C for up to 1 week Standard Diluent Buffer: Once prepared store at 2-8° C for up to 1 week Standards /Controls: Once prepared use immediately and do not store Biotinylated Secondary Antibody: Once prepared use immediately and do not store Streptavidin-HRP: Once prepared use immediately and do not store

## 6. Specimen collection, processing & storage

Cell culture supernatants, serum, plasma or other biological samples will be suitable for use in the assay. Remove serum from the clot or red cells, respectively, as soon as possible after clotting and separation.

**Cell culture supernatants**: Remove particulates and aggregates by spinning at approximately 1000 x g for 10 min.

**Serum**: Use pyrogen/endotoxin free collecting tubes. Serum should be removed rapidly and carefully from the red cells after clotting. Following clotting, centrifuge at approximately 1000 x g for 10 min and remove serum.

Plasma: EDTA, citrate and heparin plasma can be assayed. Spin samples at 1000 x g for 30 min to remove

**Storage**: If not analyzed shortly after collection, samples should be aliquoted (250-500µl) to avoid repeated freeze-thaw cycles and stored frozen at –70°C. Avoid multiple freeze-thaw cycles of frozen specimens.

**Recommendation:** Do not thaw by heating at 37°C or 56°C. Thaw at room temperature and make sure that sample is completely thawed and homogeneous before use. When possible avoid use of badly haemolysed or lipemic sera. If large amounts of particles are present these should be removed prior to use by centrifugation or filtration.

## 7. Safety & precautions for use

- Handling of reagents, serum or plasma specimens should be in accordance with local safety procedures , e.g.CDC/NIH Health manual : " Biosafety in Microbiological and Biomedical Laboratories" 1984
- The human serum included in this kit have been tested and found nonreactive for HbsAg, anti HIV1 & 2 and anti VHC. Nevertheless, no known method can offer complete assurance that human blood derivatives will not transmit hepatitis, AIDS or other infections. Therefore handling of reagents, serum or plasma specimens should be in accordance with local safety procedures
- Laboratory gloves should be worn at all times
- Avoid any skin contact with H<sub>2</sub>SO<sub>4</sub> and TMB. In case of contact, wash thoroughly with water
- Do not eat, drink, smoke or apply cosmetics where kit reagents are used
- Do not pipette by mouth
- When not in use, kit components should be stored refrigerated or frozen as indicated on vials or bottles labels
- All reagents should be warmed to room temperature before use. Lyophilized standards should be discarded after use
- Once the desired number of strips has been removed, immediately reseal the bag to protect the remaining strips from deterioration
- Cover or cap all reagents when not in use
- Do not mix or interchange reagents between different lots
- Do not use reagents beyond the expiration date of the kit
- Use a clean disposable plastic pipette tip for each reagent, standard, or specimen addition in order to avoid cross contamination, for the dispensing of H<sub>2</sub>SO<sub>4</sub> and substrate solution, avoid pipettes with metal parts
- Use a clean plastic container to prepare the washing solution
- Thoroughly mix the reagents and samples before use by agitation or swirling
- All residual washing liquid must be drained from the wells by efficient aspiration or by decantation followed by tapping the plate forcefully on absorbent paper. Never insert absorbent paper directly into the wells
- The TMB solution is light sensitive. Avoid prolonged exposure to light. Also, avoid contact of the TMB solution with metal to prevent colour development. Warning TMB is toxic avoid direct contact with hands. Dispose off properly
- If a dark blue colour develops within a few minutes after preparation, this indicates that the TMB solution
  has been contaminated and must be discarded. Read absorbance's within 1 hour after completion of the
  assay
- When pipetting reagents, maintain a consistent order of addition from well-to-well. This will ensure equal incubation times for all wells
- Follow incubation times described in the assay procedure
- Dispense the TMB solution within 15 min of the washing of the microtitre plate

## 8. Assay Preparation

#### Bring all reagents to room temperature before use

#### 8.1. Assay Design

Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running zeros and standards. Each sample, standard and zero should be tested **in duplicate**. Remove sufficient microwell strips for testing from the pouch immediately prior to use. Return any wells not required for this assay with desiccant to the pouch. Seal tightly and return to 2-8°C storage.

**Example plate layout**(example shown for a 6 point standard curve)

	Standards ng/ml			Sample Wells								
	1	2	3	4	5	6	7	8	9	10	11	12
Α	50	50										
В	25	25										
С	12.5	12.5										
D	6.25	6.25										
E	3.12	3.12										
F	1.56	1.56										
G	Blank	Blank										
Н	CTRL	CTRL										

All remaining empty wells can be used to test samples in duplicate

#### 8.2. Preparation of Wash Buffer

Dilute the (200x) wash buffer concentrate 200 fold with distilled water to give a 1x working solution. Pour entire contents (10 ml) of the Washing Buffer Concentrate into a clean 2,000 ml graduated cylinder. Bring final volume to 2,000 ml with glass-distilled or deionized water. Mix gently to avoid foaming. Transfer to a clean wash bottle and store at 2°-8°C for up to 1 week.

#### 8.3. Preparation of Standard Diluent Buffer

Add the contents of the vial (10x concentrate) to 225ml of distilled water before use.

This solution can be stored at 2-8°C for up to 1 week.

#### 8.4. Preparation of Standard

Standard vials must be reconstituted with the volume of standard diluent shown on the vial immediately prior to use. This reconstitution gives a stock solution of 50ng/ml of sVCAM-1. **Mix the reconstituted standard gently by inversion only**. Serial dilutions of the standard are made directly in the assay plate to provide the concentration range from 50 to 1.56ng/ml. A fresh standard curve should be produced for each new assay.

- Immediately after reconstitution add 200μl of the reconstituted standard to wells A1 and A2, which provides the highest concentration standard at 50 ng/ml
- Add 100µl of Standard Diluent to the remaining standard wells B1 and B2 to F1 and F2
- Transfer 100µl from wells A1 and A2 to B1 and B2. Mix the well contents by repeated aspirations and ejections taking care not to scratch the inner surface of the wells
- Continue this 1:1 dilution using 100μl from wells B1 and B2 through to wells F1 and F2 providing a serial diluted standard curve ranging from 50 to 1.56 ng/ml
- Discard 100µl from the final wells of the standard curve (F1 and F2)

Alternatively these dilutions can be performed in separate clean tubes and immediately transferred directly into the relevant wells.

#### **8.5. Preparation of Controls**

The supplied Controls must be reconstituted with the volume of Standard Diluent indicated on the vial. Reconstitution of the freeze-dried material with the indicated volume, will give a solution at the concentration stated on the vial. Do not store after use.

#### 8.6. Preparation of Samples

Before assaying, human serum or plasmas samples have to be diluted 50 times in Standard Buffer Diluent

#### 8.7. Preparation of Biotinylated Anti sVCAM-1

It is recommended this reagent is prepared immediately before use. Dilute the biotinylated anti sVCAM-1 with the biotinylated antibody diluent in an appropriate clean glass vial using volumes appropriate to the number of required wells. Please see example volumes below:

Number of wells	Biotinylated	Biotinylated	
required	Antibody (µl)	Antibody Diluent (µl)	
16	40	1060	
24	60	1590	
32	80	2120	
48	120	3180	
96	240	6360	

#### 8.8. Preparation of HRP-Conjugate

It is recommended to centrifuge vial for a few seconds in a microcentrifuge to collect all the volume at the bottom.

Dilute the  $5\mu$ l vial with 0.5ml of HRP diluent **immediately before use.** Do-not keep this diluted vial for future experiments. Further dilute the HRP solution to volumes appropriate for the number of required wells in a clean glass vial. Please see example volumes below:

Number of wells required	Streptavidin-HRP	Streptavidin-HRP Diluent (ml)
16	(μι) 30	2
24	45	3
32	60	4
48	75	5
96	150	10

## 9. Method

We strongly recommend that every vial is mixed thoroughly without foaming prior to use except the standard vial which must be mixed gently by inversion only.

Prepare all reagents as shown in section 8.

Note: Final preparation of Biotinylated anti sVCAM-1 (section 8.7) and Streptavidin-HRP (section 8.8) should occur immediately before use.

As	ssay Step	Details			
1.	Addition	Prepare Standard curve as shown in section 8.4			
2.	Addition	Add $100\mu l$ of each standard, sample and zero in duplicate to appropriate number of wells			
3.	Addition	Add 50µl of diluted <b>biotinylated anti sVCAM-1</b> to all wells			
4.	Incubation	Cover with a plastic plate cover and incubate at room temperature (18 to 25°C) for 1 hour			
5.	Wash	<ul> <li>Remove the cover and wash the plate as follows:</li> <li>a) Aspirate the liquid from each well</li> <li>b) Dispense 0.3 ml of 1x washing solution into each well</li> <li>c) Aspirate the contents of each well</li> <li>d) Repeat step b and c another two times</li> </ul>			
6.	Addition	Add 100µl of Streptavidin-HRP solution into all wells			
7.	Incubation	Cover with a plastic plate cover and incubate at room temperature (18 to 25°C) for <b>30</b> min			
8.	Wash	Repeat wash step 5.			
9.	Addition	Add 100µl of ready-to-use TMB Substrate Solution into all wells			
10.	Incubation	Incubate in the dark for <b>10-20minutes</b> * at room temperature. Avoid direct exposure to light by wrapping the plate in aluminium foil			
11.	Addition	Add 100µl of <b>H₂SO₄:Stop Reagent</b> into all wells			
450 i	<b>Read the absorbance</b> value of each well (immediately after step 13.) on a spectrophotometer using 450 nm as the primary wavelength and optionally 630 nm as the reference wave length (610 nm to 650 nm is acceptable).				

\*Incubation time of the substrate solution is usually determined by the ELISA reader performance. Many ELISA readers only record absorbance up to 2.0 O.D. Therefore the colour development within individual microwells must be observed by the analyst, and the substrate reaction stopped before positive wells are no longer within recordable range

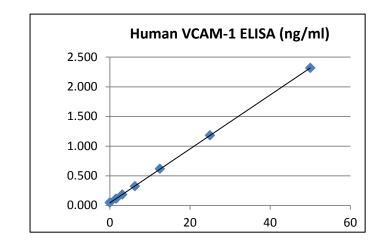
## 10. Data Analysis

Calculate the average absorbance values for each set of duplicate standards and samples. Ideally duplicates should be within 20% of the mean.

Generate a linear standard curve by plotting the average absorbance of each standard on the vertical axis versus the corresponding human sVCAM-1 standard concentration on the horizontal axis.

The amount of sVCAM-1 in each sample is determined by extrapolating OD values against sVCAM-1 standard concentrations using the standard curve.

Standard	VCAM-1 Conc	OD (450nm) Mean	CV (%)
1	50	2.318	3.3
2	25	1.180	0.1
3	12.5	0.618	4.1
4	6.25	0.324	1.1
5	3.12	0.182	4.7
6	1.56	0.114	6.2
Zero	0	0.047	-



#### Example sVCAM-1 Standard curve

**Note**; curve shown above should not be used to determine results. Every laboratory must produce a standard curve for each set of microwell strips assayed.

For serum and plasma samples which have been diluted according to the protocol (1:50), the calculated concentration should be multiplied by the dilution factor (x50).

## 11. Assay limitations

Do not extrapolate the standard curve beyond the maximum standard curve point. The dose-response is non-linear in this region and good accuracy is difficult to obtain. Concentrated samples above the maximum standard concentration must be diluted with Standard diluent or with your own sample buffer to produce an OD value within the range of the standard curve. Following analysis of such samples always multiply results by the appropriate dilution factor to produce actual final concentration.

The influence of various drugs on end results has not been investigated. Bacterial or fungal contamination and laboratory cross-contamination may also cause irregular results.

Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Completely empty wells before dispensing fresh Washing Buffer, fill with Washing Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.

Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.

As with most biological assays conditions may vary from assay to assay therefore **afresh standard curve must be prepared and run for every assay.** 

## 12. Performance Characteristics

#### 12.1. Sensitivity

The sensitivity, minimum detectable dose of human sVCAM-1 using this OriGenesVCAM-1 ELISA kit was found to be **0.6 ng/ml**. This was determined by adding 3 standard deviations to the mean OD obtained when the zero standard was assayed 36 times.

#### 12.2. Precision

Intra-assay						li	nter-assay		
Sample	n	Mean (pg/mL)	SD	CV%	Sample	n	Mean (pg/mL)	SD	CV%
А	8	48.79	0.221	0.45	А	28	49.69	0.720	1.44
В	8	5.81	0.132	0.132	В	28	5.95	0.354	5.94

#### 12.3. Expected Serum Values

A panel of 80 human sera was tested for sVCAM-1. The detected level of sVCAM-1 ranged from 80 to 1502 ng/ml,with a mean of 626 +/- 340 ng/ml.

## 13. References

Atteritano, M. et al. Effects of the phytoestrogen genistein on some predictors of cardiovascular risk in osteopenic,postmenopausal women: a 2-years randomized, double-blind, placebo-controlled study. J Clin Endocrinol Metab.,2007;92: 3068 -3075

Castilla, P. et al. Concentrated red grape juice exerts antioxidant, hypolipidemic, and antiinflammatory effects inboth hemodialysis patients and healthy subjects. Am J Clin Nutr.,(2006; 84(1): 252-62

Castilla, P. et al. Comparative effects of dietary supplementation with red grape juice and vitamin E on production of superoxide by circulating neutrophil NADPH oxidase in hemodialysis patients.Am. J. Clinical Nutrition, 2008; 87(4): 1053-1061

Chen M-C. et al. Percutaneous Transluminal Mitral Valvuloplasty Reduced Circulating Vascular Cell AdhesionMolecule-1 in Rheumatic Mitral Stenosis. Chest, 2004; 125(4): 1213 – 1217

Cosentino, F. et al. Impact of Fasting Glycemia and Regional Cerebral Perfusion in Diabetic Subjects: A Study WithTechnetium-99m-Ethyl Cysteinate Dimer Single Photon Emission Computed Tomography. Stroke,2009; 40(1): 306-308

Diamanti-Kandarakis, E. et al. Indices of low-grade chronic inflammation in polycystic ovary syndrome and the beneficial effect of MetforminEngelen, L., et al., Eur. J. Endocrinol.,2011; 164(3): 371-379 Improved glycemic control induced by both metformin and repaglinide is associated with areduction in blood levels of 3-deoxyglucosone in nonobese patients with type 2 diabetes. Hum Reprod., 2006; 21(6): 1426-31

Foussat A. et al. Deregulation of the expression of the fractalkine/fractalkine receptor complex in HIV-1-infectedPatients. Blood, 2001; 98(6): 1678 – 1686

Galea, P. et al. Circulating cell adhesion molecules in HIV1-infected patients as indicator markers for AIDS. Progression. Res Immunol., 1997; 148(2): 109-17

Grooteman, M. P. et al. Patient characteristics rather than the type of dialyser predict the variability of endothelial derived surface molecules in chronic haemodialysis patients. Nephrol Dial Transplant, 2005;20(12): 2751-8

Hartweg, J. et al. Stability of Soluble Adhesion Molecules, Selectins, and C-Reactive Protein at Various Temperatures: Implications for Epidemiological and Large-Scale Clinical Studies. Clin. Chem., 2007; 53(10): 1858-1860.

Ho, C. Y. et al. Elevated plasma concentrations of nitric oxide, soluble thrombomodulin and soluble vascular celladhesion molecule-1 in patients with systemic lupus erythematosus.Rheumatology(Oxford),2003; 42(1): 117-22

Jie, K. E. et al. Progenitor cells and vascular function are impaired in patients with chronic kidney disease. Nephrol. Dial. Transplant.,2010; 25(6): 1875-1882

Lieuw-A-Fa,M.L. et al. Increased levels of N€-(carboxymethyl) lysine and N€-(carboxyethyl) lysine in type 1 diabeticpatients with impaired renal function: correlation with markers of endothelial dysfunction. Nephrol. Dial. Transplant., 2004;19(3): 631 – 636

Llorente, L. et al. Clinical and biologic effects of anti-interleukin-10 monoclonal antibody administration in systemiclupus erythematosus. Arthritis Rheum.,2000; 43(8): 1790-800

Lund, S.S. Et al. Impact of metformin versus repaglinide on non-glycaemic cardiovascular risk markers related toinflammation and endothelial dysfunction in non-obese patients with type 2 diabetes. Eur. J. Endocrinol.,2008;158(5): 631-641

Manneras-Holm, L. et al. Coagulation and Fibrinolytic Disturbances in Women with Polycystic Ovary Syndrome. J. Clin. Endocrinol. Metab., 2011;96(4): 1068-1076

Monchanin, G. et al. Effects of progressive and maximal exercise on plasma levels of adhesion molecules in athletes withsickle cell trait with or without alpha-thalassemia. J Appl Physiol., 2007; 102(1): 169-73

Nebor, D. et al. Frequency of pain crises in sickle cell anemia and its relationship with the sympatho-vagal balance, blood viscosity and inflammation. Haematologica, 2011;96(11):1589-1594

Persson, F. et al. Irbesartan treatment reduces biomarkers of inflammatory activity in patients with type 2 diabetesand microalbuminuria: an IRMA 2 substudy. Diabetes,2006; 55(12): 3550-5

Persson, F. et al. Renal Effects of Aliskiren Compared With and in Combination With Irbesartan in Patients WithType 2 Diabetes, Hypertension, and Albuminuria. Diabetes Care, 2009; 32(10): 1873-1879

Sammons J. et al. Mechanisms mediating the inhibitory effect of all-trans retinoic acid on primitive hematopoieticstem cells in human long-term bone marrow culture. Stem Cells 2000; 18(3): 214 – 219

Schalkwijk C.G. et al. Plasma Levels of AGE Peptides in Type 1 Diabetic Patients Are Associated with Serum Creatinineand Not with Albumin Excretion Rate: Possible Role of AGE Peptide-Associated EndothelialDysfunction. Ann. N.Y. Acad. Sci, 2005; 1043: 662 -670

Singh, A. et al. Whole-Blood Tissue Factor Procoagulant Activity Is Elevated in Type 1 Diabetes: Effects of hyperglycemia and hyperinsulinemia. Diabetes Care, 2012; 35: 1322 – 1327

Singhania, N. et al. Assessment of oxidative stress and endothelial dysfunction in Asian Indians with type 2 diabetesmellitus with and without macroangiopathy.QJM,2008; 101(6): 449-455

Stam, F. et al. Impaired renal function is associated with markers of endothelial dysfunction and increased inflammatory activity. Nephrol Dial Transplant, 2003; 18(5): 892-8

Van Dam, B. et al. Vitamin E inhibits lipid peroxidation-induced adhesion molecule expression in endothelial cells anddecreases soluble cell adhesion molecules in healthy subjects.Cardiovasc Res.,2003; 57(2): 563-571

Van de Kerkhof . N€-(Carboxymethyl)lysine, N€-(carboxyethyl)lysine and vascular cell adhesion molecule-1 (VCAM-1)in relation to peritoneal glusoce prescription and residual renal function; a study in peritoneal dialysis patients. J. et al., Nephrol. Dial. Transplant., 2004;19(4): 910 – 916

van Ree, R. M. et al. Abdominal obesity and smoking are important determinants of C-reactive protein in renaltransplant recipients. Nephrol Dial Transplant,2005; 20(11):2524-31

Yao, G. H. et al. Circulating thrombomodulin and vascular cell adhesion molecule-1 and renal vascular lesion inpatients with lupus nephritis. Lupus,2008;17(8): 720-726

#### 14. Assay Summary

Total procedure length: 1h45 mn

Add 100µl sample and diluted standard and 50µl Biotinylated anti sVCAM-1

Ļ

Incubate 1 hour at room temperature  ${\scriptstyle\downarrow}$ 

Wash three times  ${\scriptstyle\downarrow}$ 

\*

Add 100µl of Streptavidin-HRP  $\downarrow$ 

Incubate 30 min at room temperature

Ļ

Wash three times  $\downarrow$ 

Add 100  $\mu I\,$  of ready-to-use TMB Protect from light. Let the color develop for 10-20 mn.  $\downarrow$ 

Add 100 H<sub>2</sub>SO<sub>4</sub>  $\downarrow$ 

Read Absorbance at 450 nm

#### **TECHNICAL CONSULTATION**

OriGene Technologies, Inc. 9620 Medical Center Dr., Suite 200 Rockville, MD 20850

Phone: 1.888.267.4436 Fax: 301-340-9254 Email: techsupport@origene.com Web: www.origene.com

For Research Use Only Not for use in diagnostic procedures