

## Datasheet for ABIN1000259 Creatinine Assay Kit

1 Image

17 Publications



## Overview

Quantity:	500 tests
Target:	Creatinine (CR)
Application:	Biochemical Assay (BCA)

## Product Details

Sample Type:	Plasma, Serum, Urine	
Specificity:	0.1 mg/dL (8 µM)	
Characteristics:	Sensitive and accurate. Use 30 µL samples. Detection limit 0.10 mg/dL (8µM) creatinine in 96- well plate assay. Simple and high-throughput. The procedure involves addition of a single working reagent and incubation for 5 min. Can be automated as a high-throughput assay for thousands of samples per day. Improved reagent stability and versatility. The optimized formulation has greatly enhanced reagent and signal stability. Assays can be executed in 96-well plate or cuvet. Low interference in biological samples. No pretreatments are needed. Assays can be directly performed on raw biological samples.	
Components:	Reagent A: 50 mL. Reagent B: 50 mL. Creatinine Standard: 1 mL 50 mg/dL.	
Material not included	Pineting devices and accessories (e.g. multi-channel ninettor). Clear bottom 96-well plates (e.g.	
	Corning Costar) and plate reader for the plate procedure. Spectrophotometer and cuvets for measuring OD 510nm for the cuvette procedure.	

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Target Details					
Target:	Creatinine (CR)				
Alternative Name:	Creatinine (CR Products)				
Target Type:	Amino Acid				
Background:	Quantitative determination of creatinine by colorimetric (510nm) method.				
	Procedure: 20 min.				
	Creatinine is synthesized in the body at a fairly constant rate from creatine, which is produced				
	during muscle contractions from creatine phosphate. In the blood, creatinine is removed by				
	filtration through the glomeruli of the kidney and is secreted into urine. In healthy individuals,				
	creatinine secretion is independent of diet and is fairly constant. The creatinine clearance test				
	has become one of the most sensitive tests for measuring glomerular filtration rate. In kidney				
	disease, creatinine levels in the blood are elevated, whereas the creatinine clearance rate and				
	hence the urine levels are diminished. Creatinine test is most widely used to assess kidney				
	function. Simple, direct and automation-ready procedures for measuring creatinine				
	concentration in biological samples are becoming popular in Research and Drug Discovery.				
	This creatinine assay kit is designed to measure creatinine directly in biological samples				
	without any pretreatment. The improved Jaffe method utilizes picrate that forms a red colored				
	complex with creatinine. The intensity of the color, measured at 510nm, is directly proportional				
	to creatinine concentration in the sample. The optimized formulation substantially reduces				
	interference by substances in the raw sample.				
Application Details					
Application Notes:	Direct Assays: urine, serum, plasma and biological preparations.				
	Drug Discovery/Pharmacology: effects of drugs on creatinine metabolism.				
Protocol:	This assay is based on a kinetic Jaffe reaction. To ensure identical incubation time, addition of				
	Working Reagent to standard and samples should be quick and mixing should be brief but				
	thorough. Use of a multi-channel pipettor is recommended.				
	Procedure using 96-well plate:				
	BLOOD ASSAY (LOW CREATININE LINEAR UP TO 50 mg/dL):				
	1. Dilute standard to 2 mg/dL by mixing 5 $\mu L$ 50 mg/dL standard stock and 120 $\mu L$ distilled				
	water. Transfer 30 $\mu L$ diluted standard and serum/plasma in duplicate into wells of a clear				
	bottom 96-well plate.				

2. Prepare enough Working Reagent by mixing per well reaction at least 100  $\mu L$  Reagent A and

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	100 $\mu$ L Reagent B. Add 200 $\mu$ L Working Reagent quickly to all wells. Tap plate briefly to				
	3. Read optical density immediately (OD0) and then at 5 min (OD5) at 490-530nm (peak				
	absorbance at 510nm).				
	URINE ASSAY (HIGH CREATININE LINEAR UP TO 300 mg/dL):				
	1. Transfer 5 $\mu$ L 50 mg/dL standard and urine in duplicate into wells of a clear bottom 96-well				
	plate.				
	2. Prepare enough Working Reagent by mixing per well reaction 50 $\mu L$ Reagent A, 50 $\mu L$				
	Reagent B and 100 $\mu L$ water. Add 200 $\mu L$ Working Reagent quickly to all wells. Tap plate briefly				
	to mix.				
	3. Read optical density immediately (OD0) and then at 5 min (OD5) at 490-530nm (peak				
	absorbance at 510nm).				
	Procedure using cuvette:				
	1. Transfer 100 $\mu$ L 2 mg/dL Standard and serum/plasma samples (Urine Assay: 15 $\mu$ L 50				
	mg/dL Standard and 15 μL urine) to cuvets.				
	2. Prepare appropriate Working Reagent as above for the 96-well plate procedures. Add 1000				
	$\mu$ L Working Reagent to each cuvet and pipet briefly to mix (avoid bubble formation).				
	3. Read OD immediately (OD0) and at 5 min (OD5) at 490-530nm.				
Reagent Preparation:	Equilibrate reagents to room temperature prior to use. Please note the difference in				
	standard/sample volume and Working Reagent strength for blood and urine assay.				
Restrictions:	For Research Use only				
Handling					
Storage:	4 °C				
Publications					
Product cited in:	Wang, Luo, Xu, Wei, Zhang, Zhu: "Elevated oxidative damage in kitchen workers in Chinese				
	restaurants." in: Journal of occupational health, Vol. 53, Issue 5, pp. 327-33, (2011) (PubMed).				
	Tang, Man, Lee, Xu, Kerbel: "Impact of metronomic UFT/cyclophosphamide chemotherapy and				
	antiangiogenic drug assessed in a new preclinical model of locally advanced orthotopic				
	hepatocellular carcinoma." in: <b>Neoplasia (New York, N.Y.)</b> , Vol. 12, Issue 3, pp. 264-74, (2010) (				
	PubMed).				

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Jaruga, Dizdaroglu: "Identification and quantification of (5'R)- and (5'S)-8,5'-cyclo-2'deoxyadenosines in human urine as putative biomarkers of oxidatively induced damage to DNA." in: **Biochemical and biophysical research communications**, Vol. 397, Issue 1, pp. 48-52, ( 2010) (PubMed).

Xu, Huang, Li, Zheng, Epstein: "FVB mouse genotype confers susceptibility to OVE26 diabetic albuminuria." in: **American journal of physiology. Renal physiology**, Vol. 299, Issue 3, pp. F487-94, (2010) (PubMed).

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There are more publications referencing this product on: Product page



Biochemical Assay		
Image 1.		

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