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AGT ELISA Kit





Publications



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Quantity:	96 tests	
Target:	AGT	
Reactivity:	Human	
Method Type:	Sandwich ELISA	
Detection Range:	3.12 ng/mL - 200 ng/mL	
Minimum Detection Limit:	3.12 ng/mL	
Application:	ELISA	
Product Details		
Purpose:	The kit is a sandwich enzyme immunoassay for in vitro quantitative measurement of angiotensinogen in human serum, plasma, urine, tissue homogenates, cell lysates, cell culture supernates.	
Sample Type:	Cell Culture Supernatant, Cell Lysate, Plasma, Serum, Tissue Homogenate, Urine	
Analytical Method:	Quantitative	
Detection Method:	Colorimetric	
Specificity:	This assay has high sensitivity and excellent specificity for detection of Angiotensinogen (AGT)	
Sensitivity:	1.31 ng/mL	
Components:	 Pre-coated, ready to use 96-well strip plate, flat buttom Plate sealer for 96 wells Reference Standard Standard Diluent 	

- · Detection Reagent A
- · Detection Reagent B
- · Assay Diluent A
- · Assay Diluent B
- Reagent Diluent (if Detection Reagent is lyophilized)
- TMB Substrate
- · Stop Solution
- Wash Buffer (30 x concentrate)
- · Instruction manual

Target Details

Target:	AGT
Alternative Name:	Angiotensinogen (AGT) (AGT Products)
Pathways:	JAK-STAT Signaling, ACE Inhibitor Pathway, EGFR Signaling Pathway, Peptide Hormone
	Metabolism, Regulation of Systemic Arterial Blood Pressure by Hormones, Regulation of Lipid
	Metabolism by PPARalpha, Protein targeting to Nucleus, Feeding Behaviour, Monocarboxylic
	Acid Catabolic Process, Dicarboxylic Acid Transport, Positive Regulation of Response to DNA
	Damage Stimulus, Regulation of long-term Neuronal Synaptic Plasticity
Application Details	

Application Details	
Comment:	Information on standard material:
	The standard might be recombinant protein or natural protein, that will depend on the specific
	kit. Moreover, the expression system is E.coli or yeast or mammal cell. There is 0.05% proclin
	300 in the standard as preservative.
	Information on reagents:
	The stop solution used in the kit is sulfuric acid with concentration of 1 mol/L. And the wash
	solution is TBS. The standard diluent contains 0.02 % sodium azide, assay diluent A and assay
	diluent B contain 0.01% sodium azide. Some kits can contain is BSA in them.
	Information on antibodies:
	The provided antibodies and their host vary in different kits.
Sample Volume:	100 μL
Assay Time:	3 h

Plate:	Pre-coated
Protocol:	 Prepare all reagents, samples and standards, Add 100μL standard or sample to each well. Incubate 1 hours at 37 °C, Aspirate and add 100μL prepared Detection Reagent A. Incubate 1 hour at 37 °C, Aspirate and wash 3 times, Add 100μL prepared Detection Reagent B. Incubate 30 minutes at 37 °C, Aspirate and wash 5 times, Add 90μL Substrate Solution. Incubate 10-20 minutes at 37 °C, Add 50μL Stop Solution. Read at 450nm immediately.
Reagent Preparation:	 Bring all kit components and samples to room temperature (18-25 °C) before use. If the kit will not be used up in one time, please only take out strips and reagents for present experiment, and leave the remaining strips and reagents in required condition. Standard - Reconstitute the Standard with 1.0 mL of Standard Diluent, keep for 10 minutes at room temperature, shake gently (not to foam). The concentration of the standard in the stock solution is 800 ng/mL. Firstly dilute the stock solution to 200 ng/mL and the diluted standard serves as the highest standard (200 ng/mL). Then prepare 7 tubes containing 0.5 mL Standard Diluent and use the diluted standard to produce a double dilution series. Mix each tube thoroughly before the next transfer. Set up 7 points of diluted standard such as 200 ng/mL, 100 ng/mL, 50 ng/mL, 25 ng/mL, 12.5 ng/mL, 6.25 ng/mL, 3.12 ng/mL, and the last microcentrifuge tube with Standard Diluent is the blank as 0 ng/mL. Detection Reagent A and Detection Reagent B - If lyophilized reconstitute the Detection Reagent A with 150µL of Reagent Diluent, keep for 10 minutes at room temperature, shake gently (not to foam). Briefly spin or centrifuge the stock Detection A and Detection B before use. Dilute them to the working concentration 100-fold with Assay Diluent A and B, respectively. Wash Solution - Dilute 20 mL of Wash Solution concentrate (30x) with 580 mL of deionized or distilled water to prepare 600 mL of Wash Solution (1x). TMB substrate - Aspirate the needed dosage of the solution with sterilized tips and do not dump the residual solution into the vial again.
	Note: 1. Making serial dilution in the wells directly is not permitted. 2. Prepare standards within 15 minutes before assay. Please do not dissolve the reagents at 37 °C directly. 3. Please carefully reconstitute Standards or working Detection Reagent A and B according to the instruction, and avoid foaming and mix gently until the crystals are completely dissolved. To minimize imprecision caused by pipetting, use small volumes and ensure that pipettors are calibrated. It is recommended to suck more than 10µL for one pipetting.

and mix gently until the crystals are completely dissolved.

once.

4. The reconstituted Standards, Detection Reagent A and Detection Reagent B can be used only

5. If crystals have formed in the Wash Solution concentrate (30x), warm to room temperature

	6. Contaminated water or container for reagent preparation will influence the detection result.	
Sample Preparation:	 It is recommended to use fresh samples without long storage, otherwise protein degradation and denaturationmay occur in these samples, leading to false results. Samples should therefore be stored for a short periodat 2 - 8 °C or aliquoted at -20 °C (≤1 month) or -80 °C (≤3 months). Repeated freeze-thawcycles should be avoided. Prior to assay, the frozen samples should be slowly thawed and centrifuged toremove precipitates. If the sample type is not specified in the instructions, a preliminary test is necessary to determinecompatibility with the kit. If a lysis buffer is used to prepare tissue homogenates or cell culture supernatant, there is a possibility of causing a deviation due to the introduced chemical substance. The recommended dilution factor is for reference only. Please estimate the concentration of the samples before performing the test. If the values are not in therange of the standard curve, the optimal sample dilution for the particular experiment has to be determined. Samples should then be diluted with PBS (pH =7.0-7.2). 	
Assay Precision:	Intra-assay Precision (Precision within an assay): 3 samples with low, middle and high level of	
	target were tested 20 times on one plate, respectively.	
	Inter-assay Precision (Precision between assays): 3 samples with low, middle and high level of	
	target were tested on 3 different plates, 8 replicates in each plate.	
	CV(%) = SD/meanX100	
	Intra-Assay: CV < 10%	
	Inter-Assay: CV < 12%	
Restrictions:	For Research Use only	
Handling		
Precaution of Use:	The Stop Solution suggested for use with this kit is an acid solution. Wear eye, hand, face, and	
	clothing protection when using this material.	
Storage:	4 °C/-20 °C	
Storage Comment:	 For unopened kit: All reagents should be stored according to the labels on the vials. The Standard, Detection Reagent A, Detection Reagent B, and 96-well Strip Plate should be stored at -20 °C upon receipt, while the other reagents should be stored at 4 °C. For opened kits: the remaining reagents must be stored according to the above storage conditions. In addition, please return the unused wells to the foil pouch containing the desiccant and seal the foil pouch with the zipper. 	
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Product cited in:

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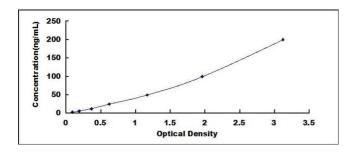
Eriksson, Studahl, Bergström: "Acute and prolonged complement activation in the central nervous system during herpes simplex encephalitis." in: **Journal of neuroimmunology**, Vol. 295-296, pp. 130-8, (2016) (PubMed).

Wirstlein, Miko?ajczyk, Jasi?ski, Skrzypczak: "Evaluation of the markers of inflammation in the umbilical cord blood of newborns of mothers with thrombophilia." in: **American journal of reproductive immunology (New York, N.Y.: 1989)**, Vol. 72, Issue 6, pp. 561-70, (2014) (PubMed).

Denny, Coulthard, Finnell, Callaway, Taylor, Woodruff: "Elevated complement factor C5a in maternal and umbilical cord plasma in preeclampsia." in: **Journal of reproductive immunology**, Vol. 97, Issue 2, pp. 211-6, (2013) (PubMed).

There are more publications referencing this product on: Product page

Images



ELISA

Image 1. Typical standard curve