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Datasheet for ABIN6959072 Reelin ELISA Kit

1 Image

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Overview

Quantity:	96 tests
Target:	Reelin (RELN)
Reactivity:	Human
Method Type:	Indirect ELISA
Detection Range:	0.15 ng/mL - 10 ng/mL
Minimum Detection Limit:	0.15 ng/mL
Application:	ELISA
Product Details	
Purpose:	The kit is an enzyme immunoassay for in vitro quantitative measurement of reelin in human
	serum, plasma, tissue homogenates, cell lysates, cell culture supernates.
Sample Type:	Cell Culture Supernatant, Cell Lysate, Plasma, Serum, Tissue Homogenate
Analytical Method:	Quantitative
Detection Method:	Colorimetric
Specificity:	This assay has high sensitivity and excellent specificity for detection of Reelin (RELN)
Sensitivity:	0.061 ng/mL
Components:	Pre-coated, ready to use 96-well strip plate, flat buttom
	Plate sealer for 96 wells
	Reference Standard
	Standard Diluent
	• Detection Descent A

Detection Reagent A

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- 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

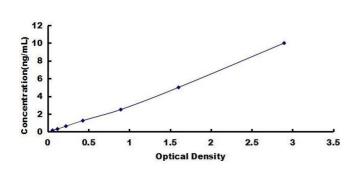
Target:	Reelin (RELN)
Abstract:	RELN Products
Pathways:	Synaptic Membrane
Application Details	
Comment:	Information on standard material:
	The standard might be recombinant protein or natural protein, that will depend on the specific
	kit. Moreover, the expression system is E.coli or yeast or mammal cell. There is 0.05% proclin
	300 in the standard as preservative.
	Information on reagante:
	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:	2 h
Plate:	Pre-coated
Protocol:	1. Prepare all reagents, samples and standards,
	2. Add 100 μ L standard or sample to each well. Incubate 1 hours at 37 °C,
	3. Aspirate and add 100µL prepared Detection Reagent A. Incubate 1 hour at 37 °C,
	4. Aspirate and wash 3 times,

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	5. Add 100µL prepared Detection Reagent B. Incubate 30 minutes at 37 °C,
	6. Aspirate and wash 5 times,
	7. Add 90μL Substrate Solution. Incubate 10-20 minutes at 37 °C,
	8. Add 50µL Stop Solution. Read at 450nm immediately.
Reagent Preparation:	 Bring all kit components and samples to room temperature (18-25 °C) before use. Standard - Reconstitute the Standard with 1.0 mL of Standard Diluent, kept for 10 minutes at room temperature, shake gently(not to foam). The concentration of the standard in the stock solution is 10 ng/mL. Please prepare 7 tubes containing 0.5 mL Standard Diluent and produce a double dilution series according to the picture shown below. Mix each tube thoroughly before the next transfer. Set up 7 points of diluted standard such as 10 ng/mL,5 ng/mL,2.5 ng/mL,1.25 ng/mL,0.625 ng/mL,0.312 ng/mL,0.156 ng/mL, and the last EP tube with Standard Diluent is the blank as 0 ng/mL. Detection Reagent A - Briefly spin or centrifuge the stock Detection A before use. Dilute to the working concentration with working Assay Diluent A, respectively (1:100). 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 adultion into the wirel again.
	dump the residual solution into the vial again.
	Note:
	1. Making serial dilution in the wells directly is not permitted.
	2. Prepare standard 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 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 once pipetting. 4. The reconstituted Standards and Detection Reagent A can be used only once.
	 If crystals have formed in the Wash Solution concentrate (30x), warm to room temperature and mix gently until the crystals are completely dissolved.
	6. Contaminated water or container for reagent preparation will influence the detection result.
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

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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
Expiry Date:	6 months
Publications	
Product cited in:	Isık, Kılıç, Demirdas, Aktepe, Aydogan Avsar: "Serum Galectin-3 Levels in Children with Attention Deficit/Hyperactivity Disorder." in: Psychiatry investigation , Vol. 17, Issue 3, pp. 256-261, (2020) (PubMed).
	Kiliç, Işik, Demirdaş, Usta: "Serum galectin-3 levels are decreased in schizophrenia." in: Revista brasileira de psiquiatria (Sao Paulo, Brazil : 1999) , Vol. 42, Issue 4, pp. 398-402, (2020) (PubMed).
	Shang, Zhang, Shao, Feng, Shi, Dong, Guo, Xiaokereti, Xiang, Sun, Zhou, Tang: "Elevated β1- Adrenergic Receptor Autoantibody Levels Increase Atrial Fibrillation Susceptibility by Promoting Atrial Fibrosis." in: Frontiers in physiology , Vol. 11, pp. 76, (2020) (PubMed).
	Begg, Swoboda, Karim, Oesterlein, Rhode, Holden, Greenwood, Shantsila, Lip, Plein, Tayebjee: " Imaging, biomarker and invasive assessment of diffuse left ventricular myocardial fibrosis in atrial fibrillation." in: Journal of cardiovascular magnetic resonance : official journal of the Society for Cardiovascular Magnetic Resonance, Vol. 22, Issue 1, pp. 13, (2020) (PubMed).
	Agoston-Coldea, Bheecarry, Petra, Strambu, Ober, Revnic, Lupu, Mocan, Fodor: "The value of global longitudinal strain and galectin-3 for predicting cardiovascular events in patients with severe aortic stenosis." in: Medical ultrasonography , Vol. 20, Issue 2, pp. 205-212, (2018) (PubMed).



ELISA

Image 1. Typical standard curve

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