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Thromboxane B2 ELISA Kit



Image

Publications



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Quantity:	96 tests
Target:	Thromboxane B2 (TXB2)
Reactivity:	Human
Method Type:	Competition ELISA
Detection Range:	78.13 pg/mL - 5000 pg/mL
Minimum Detection Limit:	78.13 pg/mL
Application:	ELISA
Product Details	
Purpose:	The kit is a competitive inhibition enzyme immunoassay technique for the in vitro quantitative measurement in various sample types.
Sample Type:	Cell Culture Supernatant, Plasma, Serum
Analytical Method:	Quantitative
Detection Method:	Colorimetric
Specificity:	This kit recognizes Human TXB2 in samples. No Significant cross-reactivity or interference between Human TXB2 and analogues was observed.
Sensitivity:	46.88 pg/mL
Components:	 Pre-coated, ready to use 96-well strip plate, flat buttom Plate sealer for 96 wells Reference Standard Reference Standard & Sample Diluent

- Biotinylated Detection Antibody (100 x concentrate)
- HRP Conjugate (100 x concentrate)
- · Biotinylated Detection Antibody Diluent
- · HRP Conjugate Diluent
- · Substrate Reagent
- · Stop Solution
- Wash Buffer (25 x concentrate)
- · Instruction manual

Target Details

Target:	Thromboxane B2 (TXB2)		
Alternative Name:	Thromboxane B2 (TXB2 Products)		
Target Type:	Chemical		
Background:	TX-B2		
Application Details			
Sample Volume:	50 μL		
Assay Time:	2 h		
Plate:	Pre-coated		
Protocol:	 Add 50 μL standard or sample to each well. Immediately add 50 μL Biotinylated Detection Antibody to each well. Incubate for 45 min at 37 °C. Aspirate and wash 3 times. Add 100 μL HRP Conjugate to each well. Incubate for 30 min at 37 °C. Aspirate and wash 5 times. Add 90 μL Substrate Reagent. Incubate 15 min at 37 °C. Add 50 μL Stop Solution. Read at 450 nm immediately. Calculation of results. 		
Reagent Preparation:	1. Bring all reagents to room temperature (18~25 °C) before use. Follow the Microplate reader		

- 1. Bring all reagents to room temperature (18~25 °C) before use. Follow the Microplate reader manual for set-up and preheat it for 15 min before OD measurement.
- 2. Wash Buffer: Dilute 30 mL of Concentrated Wash Buffer with 720 mL of deionized or distilled water to prepare 750 mL of Wash Buffer. Note: if crystals have formed in the concentrate, warm it in a 40 °C water bath and mix it gently until the crystals have completely dissolved.
- 3. Standard working solution: Centrifuge the standard at 10,000xg for 1 min. Add 1.0 mL of Reference Standard &Sample Diluent, let it stand for 10 min and invert it gently several times. After it dissolves fully, mix it thoroughly with a pipette. This reconstitution produces a working solution of 5000 pg/mL. Then make serial dilutions as needed. The recommended

dilution gradient is as follows: 5000, 2500, 1250, 625, 312.5, 156.25, 78.13, 0 pg/mL. Dilution method: Take 7 EP tubes, add 500 μ Lof Reference Standard & Sample Diluent to each tube. Pipette 500 μ Lof the 5000 pg/mL stock solution to the first tube and mix up to produce a 2500 pg/mL working solution. Pipette 500 μ Lof the solution from the former tube into the latter one according to these steps. The illustration below is for reference. Note: the last tube is regarded as a blank. Don't pipette solution into it from the former tube.

- 4. Biotinylated Detection Antibody working solution: Calculate the required amount before the experiment (50 μL/well). In preparation, slightly more than calculated should be prepared. Centrifuge the stock tube before use, dilute the 100x Concentrated Biotinylated Detection Antibody to 1xworking solution with Biotinylated Detection Antibody Diluent.
- 5. Concentrated HRP Conjugate working solution: Calculate the required amount before the experiment (100 µL/well). In preparation, slightly more than calculated should be prepared. Dilute the 100x Concentrated HRP Conjugate to 1x working solution with Concentrated HRP Conjugate Diluent.

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 determine compatibility 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, mid range and high level Human TXB2 were tested 20 times on one plate, respectively.

Inter-assay Precision (Precision between assays): 3 samples with low, mid range and high level Human TXB2 were tested on 3 different plates, 20 replicates in each plate.

Both intra-CV and inter-CV are < 10 %.

Restrictions:

For Research Use only

Handling

Storage:

4 °C,-20 °C

Storage Comment:

1. For unopened kit: All reagents should be stored according to the labels on the vials, so they are stable up to 6 months after receipt of the kit. The reference standard, biotinylated

- detection antibody, HRP conjugate, and 96-well strip plate should be stored at -20 °C upon receipt, while the other reagents should be stored at 4 °C.
- 2. For used kits: When the kit is used, 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.

Expiry Date:

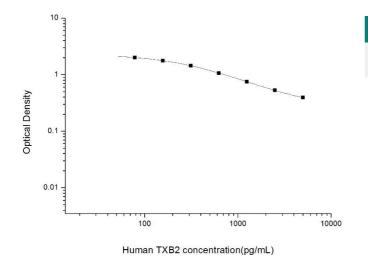
6 months

Publications

Product cited in:

Maharshi, Gupta, Kumar, Upadhyay, Das, Yadav, Nayak, Kumar, Shalimar: "Effect of Helicobacter pylori-eradication therapy on hepatic steatosis in patients with non-alcoholic fatty liver disease: a randomized-controlled pilot study." in: **Gastroenterology report**, Vol. 8, Issue 2, pp. 104-110, (2020) (PubMed).

Images



ELISA

Image 1. Typical standard curve