

Speedy™ Rat Lipocalin-2/NGAL One-Step ELISA Kit Datasheet

Please read it entirely before use

Catalogue Number: SE70008

Size: 96T

Sensitivity: 0.1 pg/mL

Range: 15.6-1000 pg/mL

Usage: For the quantitative detection of rat Lipocalin-2/NGAL concentrations in serum, plasma, urine and tissue lysate.

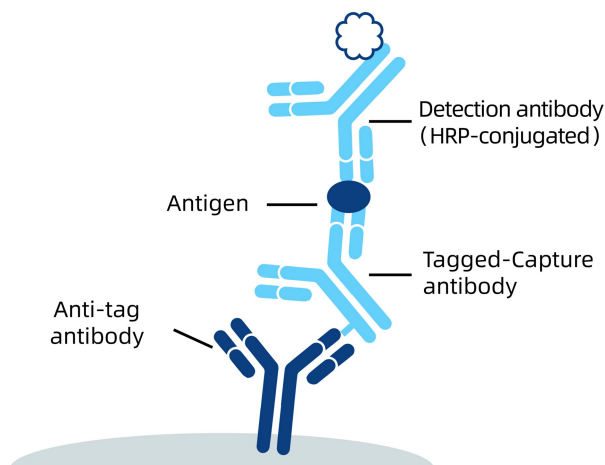
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Table of content	page
1. Background	3
2. Principle	3
3. Required Materials	3
4. Kit Components and Storage	4
5. Safety Notes	4
6. Sample Collection and Storage	5
7. Regent Preparation	6
8. Assay Procedure Summary	7
9. Validation Data	8
9.1 Standard curve	8
9.2 Precision	9
9.3 Recovery	9
9.4 Sample values	9
9.5 Sensitivity	10
9.6 Linearity	10
9.7 Specificity	10
10. References	10

1. Background

Neutrophil gelatinase-associated lipocalin (NGAL) also known as Lipocalin-2 (LCN2), is a secreted glycoprotein that belongs to the lipocalin protein family. Several roles of NGAL were identified, including iron trafficking, chemotactic, and promoting cell differentiation and proliferation. NGAL was originally found in neutrophils and expressed in tissues containing renal, uterus, liver, spleen, cardiomyocytes, neurons, and immune cells. NGAL is a significant biomarker of cardiovascular diseases, ischemic stroke, acute renal injury, inflammation, and metabolic diseases.

2. Principle



An anti-tag antibody is pre-coated onto the bottom of wells. After adding antigen or samples, Tagged-Capture antibody and HRP-conjugated detection antibody, a sandwich complex is formed in the solution. TMB acts as a HRP substrate, and the solution color will change from colorless to blue. A stop solution containing sulfuric acid turns the solution yellow. The color intensity is proportional to the quantity of bound protein, which is measurable at 450 nm with the correction wavelength set at 630 nm.

3. Required Materials

- 3.1 A microplate reader capable of measuring absorbance at 450 nm with the correction wavelength set at 630 nm.
- 3.2 Calibrated, adjustable precision pipettes and disposable plastic tips. A manifold multi-channel pipette is recommended for large assays.
- 3.3 Plate washer: automated or manual.
- 3.4 Absorbent paper towels.
- 3.5 Glass or plastic tubes to prepare standard and sample dilutions.
- 3.6 Beakers and graduated cylinders.
- 3.7 Log-log or semi-log graph paper or computer and software for ELISA data analysis. A four-parameter logistic (4-PL) curve-fit is recommended. Proteintech data analysis website, <https://www.ptgcn.com/products/elisa-kits/>.
- 3.8 Microplate thermostatic shaker.

4. Kit Components and Storage

Microplate - 96 well microplate precoated an anti-tag antibody (8 well × 12 strips)	1 plate	Unopened Kit: Store at 2-8°C for 6 months or -20°C for 12 months. Opened Kit: All reagents stored at 2-8°C for 7 days. Please use a new standard for each assay.
Protein standard - 2000 pg/bottle; lyophilized	2 bottles	
Capture antibody (100×) - 60 µL/vial*	1 vial	
Detection antibody, HRP-conjugated (100×) - 60 µL/vial*	1 vial	
Sample Diluent PT 4B1 - 30 mL/bottle	1 bottle	
Detection Diluent - 15 mL/bottle	1 bottle	
Wash Buffer Concentrate (20×) - 30 mL/bottle	1 bottle	
Extraction Reagent - 15 mL/bottle	1 bottle	
Tetramethylbenzidine Substrate (TMB) - 12 mL/bottle	1 bottle	
Stop Solution - 12 mL/bottle	1 bottle	
Plate Cover Seals	4 pieces	

* Centrifugation immediately before use

5. Safety Notes

- 5.1 Avoid any skin and eye contact with Stop Solution and TMB. In case of contact, wash thoroughly with water.
- 5.2 Do not use the kit after the expiration date.
- 5.3 Do not mix or substitute reagents or materials from other kit lots or other sources.
- 5.4 Be sure to wear protective equipment such as gloves, masks and goggles during the experiment.
- 5.5 When using an automated plate washer, adding a 30 second soak period following the addition of Wash Buffer to improve assay precision

6. Sample Collection and Storage

6.1 Serum: Allow blood samples to clot for 30 minutes, followed by centrifugation for 15 minutes at 1000xg. Clear serum can be assayed immediately or aliquoted and stored at -20°C. Avoid repeated freeze-thaw cycles.

6.2 Plasma: Use EDTA, heparin, or citrate as an anticoagulant for plasma collection. Centrifuge for 15 minutes at 1000xg within 30 minutes of collection. The plasma can be assayed immediately or aliquoted and stored at -20°C. Avoid repeated freeze-thaw cycles.

6.3 Urine: Collect urine samples and centrifuge for 20 minutes at 1000xg. Collect the aqueous layer, assay immediately or aliquot and store samples at \leq -20°C. Avoid repeated freeze-thaw cycles.

6.4 Tissue Lysate:

1) Rinse tissue with PBS, cut into 1-2 mm pieces.

2) Add protease inhibitor cocktail to the Extraction Reagent to a final concentration immediately prior to performing tissue lysis.

3) Add 1 mL of Extraction Reagent containing protease inhibitor cocktail per 100 mg tissue.

4) Homogenize the tissue completely using desired method on ice, Incubate on ice for 30 minutes, use ultrasound to break up the cells.

5) Centrifuge tissue homogenates at 10,000 x g for 5 minutes at 4°C. Collect the supernatant, assay immediately or aliquot and store at -20°C.

6) Measure the concentration of total protein in tissue homogenates using BCA assay.

7) Avoid protein degradation by performing all the above procedures on ice where possible.

7. Regent Preparation

7.1 Wash Buffer (1X): If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Add 30 mL of Wash Buffer Concentrate(20X) to 570 mL deionized or distilled water to prepare 1X Wash Buffer.

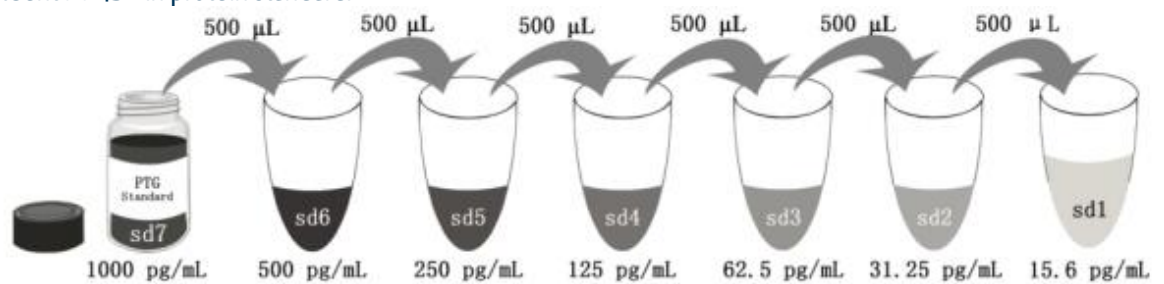
7.2 Antibody Cocktail (1X): Dilute 100X capture antibody and 100X HRP-conjugated detection antibody using Detection Diluent prior to assay. Suggested 1:100 dilution: 50 μ L 100X capture antibody + 50 μ L 100X Detection Antibody, HRP-conjugated + 4,900 μ L Detection Diluent. Mix gently but thoroughly.

7.3 Sample Dilution: Different samples should be diluted with corresponding Sample Diluent, samples may require further dilution if the readout values are higher than the highest standard OD reading. Variations in sample collection, processing and storage may affect the results of the measurement.

Recommended Dilution for different sample types: 1:800 or 1:1,600 is recommended for rat serum and plasma; 1:1,000 to 1:4,000 is recommended for urine; 1:32 to 1:6,400 is recommended for tissue lysate.

7.4 Standard Serial Dilution:

Add 2 mL Sample Diluent PT 4B1 in protein standard.



Add # μ L of Standard diluted in the previous step	—	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L
# μ L of Sample Diluent PT 4B1	2000 μ L	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L	500 μ L
	"sd7"	"sd6"	"sd5"	"sd4"	"sd3"	"sd2"	"sd1"

8. Assay Procedure Summary

Bring all reagents to room temperature before use (Detection antibody, HRP-conjugated antibody can be used immediately). To avoid cross-contamination, change pipette tips between additions of each standard level, between sample additions, and between reagent additions. Also, use separate reservoirs for each reagent.

8.1 Preset the layout of the microplate, including control group, standard group and sample group, take out the required number of microplate strips and return excess strips to the foil pouch containing the drying reagent pack and reseal; store at 4°C immediately. Microplate strips should be used in one week.

8.2 Add 50 µL standard or sample to appropriate wells. To avoid high background always add samples or standards to the well before the addition of antibody cocktail.

8.3 Add 50 µL 1× Antibody Cocktail solution (refer to Reagent Preparation 7.2) to each well. Seal plate with cover seal and incubate at 37°C on a microplate thermostatic shaker set at 400 rpm for 1 hour (incubate at 37°C for 2 hours is recommended if thermostatic shaker is not available) .

8.4 Wash

1) Gently remove the cover seal. Discard the liquid from wells by aspirating or decanting. Remove any residual solution by tapping the plate a few times on fresh paper towels.

2) Wash 4 times with 1× Wash Buffer, using at least 350-400 µL per well. Following the last wash, firmly tap plates on fresh towels 10 times to remove residual Wash Buffer. Avoid getting any towel fibers in the wells or wells drying out completely.

8.5 Add 100 µL TMB substrate solution to each well, protected from light. Incubate at 37°C on a microplate thermostatic shaker set at 400 rpm for 15 to 20 minutes. (Substrate Solution should remain colorless until added to the plate.)

8.6 Add 100 µL Stop Solution to each well in the same order as addition of the TMB substrate. Note: Avoid skin and eye contact with the Stop solution.

8.7 Read results immediately on a microplate reader at a wavelength of 450 nm. If possible, perform a double wavelength readout (450 nm and 630 nm).

8.8 Data analysis: Calculate the average of the duplicate readings (OD value) for each standard and sample, and subtract the average of the zero standard absorbance. Construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis, four-parameter logistic curve-fit (4-PL) analysis is recommended. If the samples have been diluted, the fitting result must be multiplied by the dilution factor used.

Procedure summary

Add 50 µL standard or sample to appropriate wells



Add 50 µL antibody cocktail solution (1x) to each well



Incubate at 37 °C on a microplate thermostatic shaker set at 400 rpm for 1 hour



Aspirate and wash each well four times with 400µL 1 x Wash Buffer



Add 100 µL TMB substrate solution to each well



Incubate at 37 °C on a microplate thermostatic shaker set at 400 rpm for 15minutes

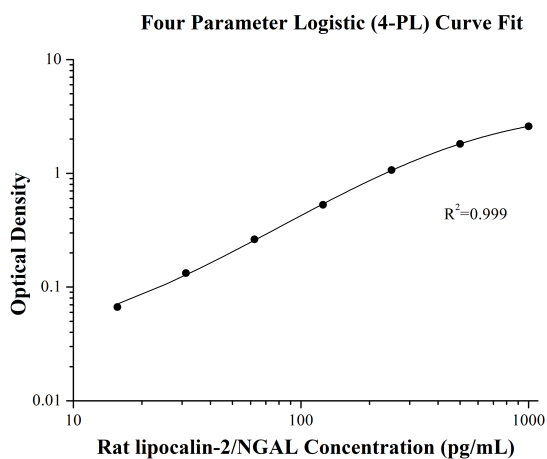


Add 100 µL Stop Solution to each well and Read OD immediately

9. Validation Data

9.1 Standard curve

These standard curves are provided for demonstration only. A standard curve should be generated for each set of samples assayed.



(pg/mL)	O.D	Average	Corrected
0	0.019 0.0202	0.0196	-
15.6	0.0848 0.0878	0.0863	0.0667
31.25	0.1486 0.1558	0.1522	0.1326
62.5	0.276 0.2886	0.2823	0.2627
125	0.5489 0.5485	0.5487	0.5291
250	1.0202 1.1527	1.08645	1.06685
500	1.8217 1.8444	1.83305	1.81345
1000	2.6015 2.6162	2.60885	2.58925

9.2 Precision

Intra-assay Precision (Precision within an assay) Three samples of known concentration were tested 8 times on one plate to assess intra-assay precision.

Inter-assay Precision (Precision between assays) Three samples of known concentration were tested in 16 separate assays to assess inter-assay precision.

Intra-assay Precision					Inter-assay Precision				
Sample	n	Mean (pg/mL)	SD	CV%	Sample	n	Mean (pg/mL)	SD	CV%
1	8	503.0	7.9	1.6	1	16	513.5	13.4	2.6
2	8	128.9	2.1	1.6	2	16	130.7	2.8	2.1
3	8	68.5	1.8	2.6	3	16	70.5	2.7	3.8

9.3 Recovery

The recovery of rat Lipocalin-2/NGAL spiked to three different levels throughout the range of the assay in various matrices was evaluated.

Sample Type		Average% of Expected	Range (%)
Rat serum	1:3,200	93	91-95
	1:6,400	98	97-101
Urine	1:2,000	94	90-96
	1:4,000	91	90-95
Tissue lysate	1:128	99	85-122
	1:256	82	76-90

9.4 Sample values

Rat serum/Urine - Rat serum and urine samples were evaluated for the presence of rat Lipocalin-2/NGAL in this assay.

Sample Type	Mean (ng/mL)	Range (ng/mL)
Rat serum (n=16)	215.9	102.0-362.7
Urine (n=8)	381.8	34.0-1,318.7

Tissue lysate

	Rat Lipocalin-2/NGAL (ng/mL)	Total protein (mg/mL)
Rat kidney tissue lysate	50.2	8.7
Rat lung tissue lysate	1,258.7	5.2
Rat heart tissue lysate	23.3	6.7

9.5 Sensitivity

The minimum detectable dose of rat Lipocalin-2/NGAL is 0.1 pg/mL. This was determined by adding two standard deviations to the concentration corresponding to the mean O.D. of 20 zero standard replicates.

9.6 Linearity

To assess the linearity of the assay, samples were diluted with the appropriate **Sample Diluent** to produce samples with values within the dynamic range of the assay.

(The rat serum was initially diluted 1:200. The urine was initially diluted 1:500. The tissue lysate was initially diluted 1:800.)

		Rat serum	Urine	Tissue lysate
1:2	Average% of Expected	100	100	100
	Range (%)	-	-	-
1:4	Average% of Expected	101	99	98
	Range (%)	99-103	95-102	95-100
1:8	Average% of Expected	96	96	99
	Range (%)	93-99	95-97	98-100
1:16	Average% of Expected	98	95	102
	Range (%)	96-100	93-97	102-103

9.7 Specificity

This assay recognizes natural and recombinant rat Lipocalin-2/NGAL.

The following factors prepared at 50 ng/mL were assayed and exhibited no cross-reactivity or interference.

Recombinant mouse:

MMP-9

NGAL

10. References

1. Bauvois B. et al. (2018). *Cancers (Basel)*. 18;10(9).
2. Buonafine M. et al. (2018). *Clin Sci (Lond)*. 132(9):909-923.
3. Abella V. et al. (2015). *Biomarkers*. 20(8):565-71.
4. Devarajan P. et al. (2008). *Scand J Clin Lab Invest Suppl*. 241:89-94.