



# **Monkey Cardiac Troponin T ELISA Kit**

Monkey Cardiac Troponin T ELISA Kit is an Enzyme Immunoassay kit for the quantification of Monkey Cardiac Troponin T in serum, plasma and cell culture supernatants.

Catalog number: ARG82897

Package: 96 wells

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For research use only. Not for use in diagnostic procedures.

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### INTRODUCTION

Troponin T (shortened TnT or TropT) is a part of the troponin complex, which are proteins integral to the contraction of skeletal and heart muscles. They are expressed in skeletal and cardiac myocytes. Troponin T binds to tropomyosin and helps position it on actin, and together with the rest of the troponin complex, modulates contraction of striated muscle. The cardiac subtype of troponin T is especially useful in the laboratory diagnosis of heart attack because it is released into the blood-stream when damage to heart muscle occurs. It was discovered by the German physician Hugo A. Katus at the University of Heidelberg, who also developed the troponin T assay. [Provide by Wikipedia: Troponin T]

### PRINCIPLE OF THE ASSAY

This Monkey Cardiac Troponin T ELISA kit is a quantitative sandwich enzyme immunoassay that measures the amount of Monkey Cardiac Troponin T in the samples. An antibody specific for Monkey Cardiac Troponin T has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any Cardiac Troponin T present is bound by the immobilized antibody. After washing away any unbound substances, a detection antibody specific for Monkey Cardiac Troponin T is added to the wells. Following wash to remove any unbound antibody reagent, a detection reagent is added. After intensive wash, a substrate solution is added to the wells and color develops in proportion to the amount of Cardiac Troponin T bound in the initial step. The color development is stopped, and the intensity of the color is measured.

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### MATERIALS PROVIDED & STORAGE INFORMATION

Store all reagent at 2-8°C upon receiving. Do not use kit components past kit expiration date.

Component	Quantity	Storage information
Antibody Coated Microplate	8 x 12 strips	4°C
20X Assay Buffer	20 mL	4°C
Detection Antibody	1 vial, lyophilized	4°C
HRP Conjugate	53 µL	4°C
Reagent Diluent	21 mL	4°C
TMB Substrate	10.5 mL	4°C
Stop Solution	5.5 mL	4°C
20X PBS	30 mL	4°C
Standard	3 vials, lyophilized	4°C

### MATERIALS REQUIRED BUT NOT PROVIDED

- Microplate reader capable of reading at O.D. 450 nm
- Centrifuge and centrifuge tube
- Deionized or Distilled water
- Pipettes, pipette tips and Multichannel micropipette reservoir

### TECHNICAL NOTES AND PRECAUTIONS

- Wear protective gloves, clothing, eye, and face protection especially while handling blood or body fluid samples.
- Store the kit at 2-8°C at all times.
- Prior to beginning the assay procedure, bring all reagents and required number of strips to room temperature.
- Avoid air bubbles in the wells as this could result in lower binding efficiency and higher CV% of duplicate reading.
- Briefly spin down the all vials before use.
- If crystals are observed in the 20X PBS / Assay Buffer, warm to 37°C until the crystals are completely dissolved.
- Minimize lag time between wash steps to ensure the plate does not become completely dry during the assay.
- Ensure complete reconstitution and dilution of reagents prior to use.
- Take care not to contaminate the TMB Substrate. Do not expose the TMB solution to glass, foil or metal. Do NOT return leftover TMB Substrate to bottle. Do NOT contaminate the unused TMB Substrate. If the solution is blue before use, DO NOT USE IT.
- Change pipette tips between the addition of different reagent or samples.
- Taping the well strips together with lab tape can be done as an extra precaution to avoid plate strips from coming loose during the procedure.
- Include a standard curve each time the assay is performed.
- Run both standards and samples in at least duplicates (triplicate is recommended).

### **SAMPLE COLLECTION & STORAGE INFORMATION**

The sample collection and storage conditions listed below are intended as general guidelines. Sample stability has not been evaluated.

**Serum:** Collect blood in a tube with no anticoagulant. Allow the blood to clot at room temperature for 30 minutes. Centrifuge at 2000 x g for 10 minutes at 4°C. Store frozen at -20°C or lower. Avoid freeze-thaw cycles.

**Plasma:** Collect blood with EDTA, heparin or citrate and centrifuge at 2000 x g for 10 minutes at 4°C. Store frozen at -20°C or lower. Avoid freeze-thaw cycles.

**Cell culture supernatant:** Centrifuge at 300 x g for 10 minutes at 4°C to remove the cell debris.

#### **Note:**

- Samples should be diluted with four volumes of 1 x Assay Buffer and vortex for 1 minute prior to assay. If the OD value still exceeds the upper limit of the standard curve, further dilution is recommended till it falls in the detection range and the dilution factor must be used for calculation of the concentration.
- Do not use haemolytic, icteric or lipaemic specimens.
- Samples containing sodium azide should not be used in the assay.

### REAGENT PREPARATION

- **1X PBS:** Dilute 20X PBS into distilled water to yield 1X PBS (E.g., add 30 mL of 20X PBS into 570 mL of distilled water to a final volume of 600 mL).
- **1X Assay Buffer:** Dilute 20X Assay Buffer into 1X PBS to yield 1X Assay Buffer (E.g., add 20 mL of 20X Assay Buffer into 380 mL of 1X PBS to a final volume of 400 mL).
- **Detection Antibody:** The lyophilized Detection Antibody should be stored at 4°C for up to 3 months, if not used immediately. Centrifuge at 6000 x g for 1 minute to bring down the material prior to open the vial. The vial contains sufficient Detection Antibody for a 96-well plate. Add 200 µL of 1X PBS to the antibody vial, vortex 30 seconds and allow it to sit for 5 minutes. If the entire 96-well plate is used, take 200 µL of detection antibody to 10.5 mL of Reagent Diluent to make working dilution of Detection Antibody. If the partial antibody is used store the rest at -20°C until use.
- **HRP Conjugate:** Centrifuge at 6000 x g for 1 minute to bring down the material prior to open the vial. The vial contains 53 µL HRP Conjugate sufficient for a 96-well plate. If the volume is less than 53 µL, add sterile 1 x PBS to reach 53 µL. Make 1:200 dilution in Reagent Diluent. If the entire 96-well plate is used, add 53 µL of HRP Conjugate to 10.5 mL of Reagent Diluent to make working dilutions of HRP Conjugate prior to the assay. The rest of undiluted HRP Conjugate can be stored at 2°C- 8°C for up to 3 months. DO NOT FREEZE.

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- **Standard:** The un-reconstituted standard can be stored at 4°C for up to 3 months if not used immediately. Centrifuge at 6000 x g for 1 minute to bring down the material prior to open the vial. Add 500 µL of 1X Assay Buffer to a Standard vial to make the high standard concentration of 8000 pg/mL and vortex 1 minute and allow it to sit for 5 minutes. Diluted the standard as follow.

Standard tube	Cardiac Troponin T (pg/mL)	1X Assay Buffer (µL)	Standard stock, 8000 pg/mL (µL)
S1	8000	0	500
S2	4000	250	250 of S1
S3	2000	250	250 of S2
S4	1000	250	250 of S3
S5	500	250	250 of S4
S6	250	250	250 of S5
S7	125	250	250 of S6
S0	0	500	0

**Note:** Working standard should be prepared immediately prior to use.



### ASSAY PROCEDURE

Prior to running the assay, all reagents should be brought to room temperature for at least 30 minutes. It is recommended that all samples and standards be assayed in duplicate.

1. Add **100  $\mu$ L** of **diluted samples** or **each diluted Standard** into respective wells.

**Note:** Must vortex standards and samples for 30 sec before pipetting to the wells.

2. Cover the plate and incubate for **1 hour** at **room temperature**.
3. Aspirate each well and wash, repeating the process 1 time for a total 2 washes. Wash by filling each well with **1X Assay Buffer (300  $\mu$ L)** using a squirt bottle, manifold dispenser, or autowasher. Complete removal of liquid at each is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating, decanting or blotting against clean paper towels.
4. Add **100  $\mu$ L** of **Working Dilution of Detection Antibody** to each well. Mix well by repeated pipetting.
5. Cover the plate and incubate for **1 hour** at **room temperature**.
6. Aspirate and wash plate as in step 3.
7. Add **100  $\mu$ L** of **Working Dilution of HRP Conjugate** to each well.
8. Cover the plate and incubate for **20 mins** at **room temperature** in the dark.
9. Aspirate and wash plate as in step 3.
10. Add **100  $\mu$ L** of **TMB Substrate** in each well.
11. Incubate for **5-20 mins** at **room temperature** in the dark.
12. Add **50  $\mu$ L** of **Stop Solution** to each well to stop the reaction.

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13. Read the absorbance with a plate reader at **O.D. 450 nm**.

### **CALCULATION OF RESULTS**

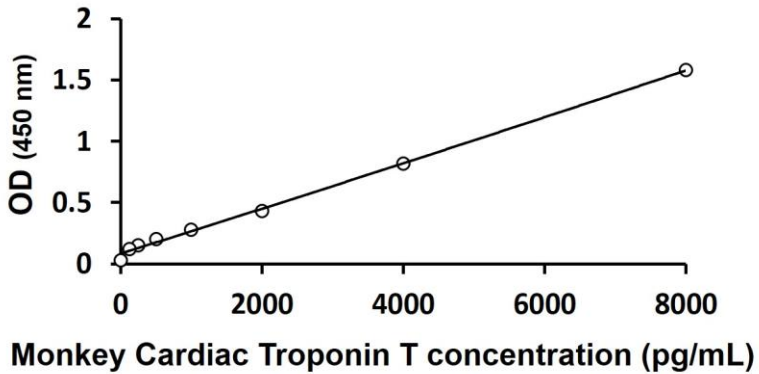
1. Subtract zero point (S0) from all standards and unknowns to determine corrected absorbance.
2. Using log-log, semi-log or linear graph paper, construct a standard curve by plotting the mean absorbance obtained from each standard against its concentration with absorbance value on the vertical (Y) axis and concentration on the horizontal (X) axis.
3. Automated method: The results in the IFU have been calculated automatically using a 4 PL (4 Parameter Logistics) curve fit. 4 Parameter Logistics is the preferred method. Other data reduction functions may give slightly different results.
4. arigo provides GainData<sup>®</sup>, an in-house development ELISA data calculator, for ELISA data result analysis. Please refer our GainData<sup>®</sup> website for details. (<https://www.arigobio.com/elisa-analysis>)
5. If the samples have been diluted, the concentration read from the standard curve must be further converted by the appropriate dilution factor according to the sample preparation procedure as described above.

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### EXAMPLE OF TYPICAL STANDARD CURVE

The following figures demonstrate typical results with the Monkey Cardiac Troponin T ELISA Kit. One should use the data below for reference only. This data should not be used to interpret actual results.



### QUALITY ASSURANCE

#### Sensitivity

62 pg/mL

#### Precision

Intra Assay CV: 5.0%; Inter Assay CV: 8.0%