



AssayMax™
Human TAT Complex ELISA Kit

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For any questions regarding troubleshooting or performing the assay, please contact our support team at support@assaypro.com.

Thank you for choosing Assaypro.

Assay Summary

Step 1. Add 50 μ l of Standard or Sample per well.
Incubate 2 hours.

Step 2. Wash, then add 50 μ l of Biotinylated Antibody per well.
Incubate 1 hour.

Step 3. Wash, then add 50 μ l of SP Conjugate per well.
Incubate 30 minutes.

Step 4. Wash, then add 50 μ l of Chromogen Substrate per well.
Incubate 20 minutes.

Step 5. Add 50 μ l of Stop Solution per well.
Read at 450 nm immediately.

Symbol Key



Consult instructions for use.

Assay Template

[illegible]

AssayMax™ Human Thrombin-Antithrombin (TAT) Complex ELISA Kit

Catalog No. ET1020-1

Sample insert for reference use only

Introduction

Thrombin-antithrombin (TAT) complex, which forms following the neutralization of thrombin by antithrombin III (ATIII), has been used as a surrogate marker for thrombin generation (1). High plasma levels of TAT complexes have been suggested to alter hemostatic activation in argentine hemorrhagic fever (2), chronic dialysis patients (3), and toxemia of pregnancy (4). Whereas, low plasma levels of TAT complexes are found in type 1 (insulin-dependent) diabetes (5), neonatal respiratory distress syndrome (6), and primary untreated cancer (7). TAT complexes are a useful marker to predict morphological changes in chronic aortic dissection (8).

Principle of the Assay

The AssayMax™ Human TAT Complex ELISA (Enzyme-Linked Immunosorbent Assay) Kit is designed for detection of TAT complexes in human **plasma and milk samples**. This assay employs a quantitative **sandwich enzyme immunoassay** technique that measures human TAT complexes in approximately 4 hours. A monoclonal antibody specific for human antithrombin has been pre-coated onto a 96-well microplate with removable strips. TAT complex in standards and samples is sandwiched by the immobilized antibody and a biotinylated polyclonal antibody specific for human thrombin, which is recognized by a streptavidin-peroxidase (SP) conjugate. All unbound material is washed away and a peroxidase enzyme substrate is added. The color development is stopped and the intensity of the color is measured.

Caution and Warning

- This product is for **Research Use Only** and is not intended for use in diagnostic procedures.
- Prepare all reagents (diluent buffer, wash buffer, standard, biotinylated antibody, and SP conjugate), as instructed, prior to running the assay.
- Prepare all samples prior to running the assay. The dilution factors for the samples are suggested in this insert. However, the user should determine the optimal dilution factor.

- Spin down the SP conjugate vial and the biotinylated antibody vial before opening and using contents.
- The Stop Solution is an acidic solution.
- The kit should not be used beyond the expiration date.

Reagents

- **Human TAT Complex Microplate:** A 96-well polystyrene microplate (12 strips of 8 wells) coated with a monoclonal antibody against human antithrombin.
- **Sealing Tapes:** Each kit contains 3 precut, pressure sensitive sealing tapes that can be cut to fit the format of the individual assay.
- **Human TAT Complex Standard:** Human TAT complex in a buffered protein base (156 ng, lyophilized).
- **Biotinylated Human TAT Complex Antibody (50x):** A 50-fold concentrated biotinylated polyclonal antibody against human thrombin (120 µl).
- **MIX Diluent Concentrate (10x):** A 10-fold concentrated buffered protein base (30 ml).
- **Wash Buffer Concentrate (20x):** A 20-fold concentrated buffered surfactant (30 ml, 2 bottles).
- **SP Conjugate (100x):** A 100-fold concentrate (80 µl).
- **Chromogen Substrate (1x):** A stabilized peroxidase chromogen substrate tetramethylbenzidine (7 ml).
- **Stop Solution (1x):** A 0.5 N hydrochloric acid solution to stop the chromogen substrate reaction (11 ml).

Storage Condition

- Upon arrival, immediately store components of the kit at recommended temperatures up to the expiration date.
- Store SP Conjugate and Biotinylated Antibody at -20°C.
- Store Microplate, Diluent Concentrate (10x), Wash Buffer, Stop Solution, and Chromogen Substrate at 2-8°C.
- Unused microplate wells may be returned to the foil pouch with the desiccant packs and resealed. May be stored for up to 30 days in a vacuum desiccator.
- Store Standard at 2-8°C before reconstituting with Diluent and at -20°C after reconstituting with Diluent.

Other Supplies Required

- Microplate reader capable of measuring absorbance at 450 nm
- Pipettes (1-20 µl, 20-200 µl, 200-1000 µl, and multiple channel)

- Deionized or distilled reagent grade water

Sample Collection, Preparation, and Storage

- **Plasma:** Collect plasma using one-tenth volume of 0.1 M sodium citrate as an anticoagulant (EDTA or Heparin can also be used as an anticoagulant). Centrifuge samples at 3000 x *g* for 10 minutes and collect plasma. The sample is suggested for use at 1x; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or below for up to 3 months. Avoid repeated freeze-thaw cycles.
- **Milk:** Collect milk using sample tube. Centrifuge samples at 800 x *g* for 10 minutes. The sample is suggested for use at 1x or within the range of 2x – 10x into MIX Diluent; however, user should determine optimal dilution factor depending on application needs. The undiluted samples can be stored at -20°C or below for up to 3 months. Avoid repeated freeze-thaw cycles.

Applicable samples may also include biofluids, cell culture, and tissue homogenates. If necessary, user should determine optimal dilution factor depending on application needs.

Refer to Dilution Guidelines for further instruction.

Guidelines for Dilutions of 100-fold or Greater <i>(for reference only; please follow the insert for specific dilution suggested)</i>	
100x	10000x
A) 4 µl sample : 396 µl buffer (100x) = 100-fold dilution <i>Assuming the needed volume is less than or equal to 400 µl.</i>	A) 4 µl sample : 396 µl buffer (100x) B) 4 µl of A : 396 µl buffer (100x) = 10000-fold dilution <i>Assuming the needed volume is less than or equal to 400 µl.</i>
1000x	100000x
A) 4 µl sample : 396 µl buffer (100x) B) 24 µl of A : 216 µl buffer (10x) = 1000-fold dilution <i>Assuming the needed volume is less than or equal to 240 µl.</i>	A) 4 µl sample : 396 µl buffer (100x) B) 4 µl of A : 396 µl buffer (100x) C) 24 µl of B : 216 µl buffer (10x) = 100000-fold dilution <i>Assuming the needed volume is less than or equal to 240 µl.</i>

Reagent Preparation

- Freshly dilute all reagents and bring all reagents to room temperature before use.

- **MIX Diluent Concentrate (10x):** Dilute the MIX Diluent Concentrate 10-fold with reagent grade water to produce a 1x solution. When diluting the concentrate, make sure to rinse the bottle thoroughly to extract any precipitates left in the bottle. Mix the 1x solution gently until the crystals have completely dissolved. Store for up to 30 days at 2-8°C.
- **Human TAT Complex Standard:** Reconstitute the Human TAT Complex Standard (156 ng) with 1.3 ml of MIX Diluent to generate a 120 ng/ml standard stock solution. Allow the vial to sit for 10 minutes with gentle agitation prior to making dilutions. Prepare duplicate or triplicate standard points by serially diluting from the standard stock solution (120 ng/ml) 3-fold with MIX Diluent to produce 40, 13.333, 4.444, and 1.481 ng/ml solutions. MIX Diluent serves as the zero standard (0 ng/ml). Any remaining stock solution should be stored at -20°C and used within 30 days. Avoid repeated freeze-thaw cycles.

Standard Point	Dilution	[TAT] (ng/ml)
P1	1 part Standard (120 ng/ml)	120
P2	1 part P1 + 2 parts MIX Diluent	40
P3	1 part P2 + 2 parts MIX Diluent	13.333
P4	1 part P3 + 2 parts MIX Diluent	4.444
P5	1 part P4 + 2 parts MIX Diluent	1.481
P6	MIX Diluent	0.0

- **Biotinylated Human TAT Complex Antibody (50x):** Spin down the antibody briefly and dilute the desired amount of the antibody 50-fold with MIX Diluent to produce a 1x solution. The undiluted antibody should be stored at -20°C.
- **Wash Buffer Concentrate (20x):** Dilute the Wash Buffer Concentrate 20-fold with reagent grade water to produce a 1x solution. When diluting the concentrate, make sure to rinse the bottle thoroughly to extract any precipitates left in the bottle. Mix the 1x solution gently until the crystals have completely dissolved.
- **SP Conjugate (100x):** Spin down the SP Conjugate briefly and dilute the desired amount of the conjugate 100-fold with MIX Diluent to produce a 1x solution. The undiluted conjugate should be stored at -20°C.

Assay Procedure

- Prepare all reagents, standard solutions, and samples as instructed. Bring all reagents to room temperature before use. The assay is performed at room temperature (20-25°C).
- Remove excess microplate strips from the plate frame and return them immediately to the foil pouch with desiccants inside. Reseal the pouch

securely to minimize exposure to water vapor and store in a vacuum desiccator.

- Add 50 μ l of Human TAT Complex Standard or sample to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed. Cover wells with a sealing tape and incubate for 2 hours. Start the timer after the last addition.
- Wash the microplate manually or automatically using a microplate washer. Invert the plate and decant the contents; hit 4-5 times on absorbent material to completely remove the liquid. If washing manually, wash five times with 200 μ l of Wash Buffer per well. Invert the plate each time and decant the contents; hit 4-5 times on absorbent material to completely remove the liquid. If using a microplate washer, wash six times with 300 μ l of Wash Buffer per well; invert the plate and hit 4-5 times on absorbent material to completely remove the liquid.
- Add 50 μ l of Biotinylated Human TAT Complex Antibody to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed. Cover wells with a sealing tape and incubate for 1 hour.
- Wash the microplate as described above.
- Add 50 μ l of SP Conjugate to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed. Cover wells with a sealing tape and incubate for 30 minutes. Turn on the microplate reader and set up the program in advance.
- Wash the microplate as described above.
- Add 50 μ l of Chromogen Substrate to each well. Gently tap plate to thoroughly coat the wells. Break any bubbles that may have formed. Incubate in ambient light for 20 minutes or until the optimal blue color density develops.
- Add 50 μ l of Stop Solution to each well. The color will change from blue to yellow. Gently tap plate to ensure thorough mixing. Break any bubbles that may have formed.
- Read the absorbance on a microplate reader at a wavelength of 450 nm **immediately**. If wavelength correction is available, subtract readings at 570 nm from those at 450 nm to correct optical imperfections. Otherwise, read the plate at 450 nm only. Please note that some unstable black particles may be generated at high concentration points after stopping the reaction for about 10 minutes, which will reduce the readings.

Data Analysis

- Calculate the mean value of the duplicate or triplicate readings for each standard and sample.
- To generate a standard curve, plot the graph using the standard concentrations on the x-axis and the corresponding mean 450 nm

absorbance (OD) on the y-axis. The best fit line can be determined by regression analysis using log-log or four-parameter logistic curve fit.

- Determine the unknown sample concentration from the Standard Curve and multiply the value by the dilution factor.

Typical Data

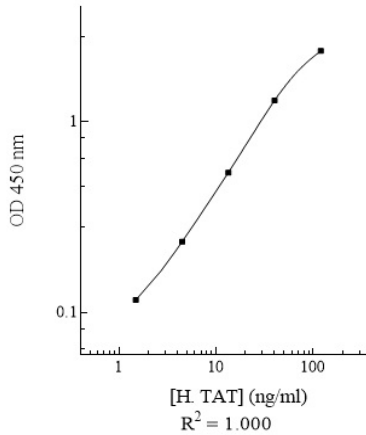
- The typical data is provided for reference only. Individual laboratory means may vary from the values listed. Variations between laboratories may be caused by technique differences.

Standard Point	ng/ml	OD	Average OD
P1	120	2.387 2.305	2.346
P2	40	1.266 1.314	1.290
P3	13.333	0.525 0.555	0.540
P4	4.444	0.223 0.245	0.234
P5	1.481	0.123 0.109	0.116
P6	0.0	0.064 0.070	0.067
Sample: Pooled Normal Sodium Citrate Plasma (1x)		0.172 0.160	0.166

Standard Curve

- The curve is provided for illustration only. A standard curve should be generated each time the assay is performed.

Human TAT Standard Curve



Reference Value

- Normal human TAT complex plasma levels range from 1 – 10 ng/ml.

Performance Characteristics

- The minimum detectable dose of human TAT complex as calculated by 2SD from the mean of a zero standard was established to be 0.86 ng/ml.
- Intra-assay precision was determined by testing three plasma samples twenty times in one assay.
- Inter-assay precision was determined by testing three plasma samples in twenty assays.

	Intra-Assay Precision			Inter-Assay Precision		
Sample	1	2	3	1	2	3
n	20	20	20	20	20	20
CV (%)	3.9%	5.8%	2.6%	11.2%	11.8%	10.0%
Average CV (%)	4.1%			11.0%		

Recovery

Standard Added Value	1.481 – 40 ng/ml
Recovery %	100 – 105%
Average Recovery %	102%

Cross-Reactivity

Species	Cross-Reactivity (%)
Canine	None
Bovine	None
Monkey	<40%
Mouse	None
Rat	<15%
Swine	<15%
Rabbit	None

Troubleshooting

Issue	Causes	Course of Action
Low Precision	Use of improper components	- Check the expiration date listed before use. - Do not interchange components from different lots.
	Improper wash step	- Check that the correct wash buffer is being used. - Check that all wells are empty after aspiration. - Check that the microplate washer is dispensing properly. - If washing by pipette, check for proper pipetting technique.
	Splashing of reagents while loading wells	Pipette properly in a controlled and careful manner.
	Inconsistent volumes loaded into wells	- Pipette properly in a controlled and careful manner. - Check pipette calibration. - Check pipette for proper performance.
	Insufficient mixing of reagent dilutions	- Thoroughly agitate the lyophilized components after reconstitution. - Thoroughly mix dilutions.
	Improperly sealed microplate	- Check the microplate pouch for proper sealing. - Check that the microplate pouch has no punctures. - Check that three desiccants are inside the microplate pouch prior to sealing.
Unexpectedly Low or High Signal Intensity	Microplate was left unattended between steps	Each step of the procedure should be performed uninterrupted.
	Omission of step	Consult the provided procedure for complete list of steps.
	Steps performed in incorrect order	Consult the provided procedure for the correct order.
	Insufficient amount of reagents added to wells	- Check pipette calibration. - Check pipette for proper performance.
	Wash step was skipped	Consult the provided procedure for all wash steps.
	Improper wash buffer	Check that the correct wash buffer is being used.
	Improper reagent preparation	Consult reagent preparation section for the correct dilutions of all reagents.
	Insufficient or prolonged incubation periods	Consult the provided procedure for correct incubation time.

Deficient Standard Curve Fit	Non-optimal sample dilution	• Sandwich ELISA: If samples generate OD values higher than the highest standard point (P1), dilute samples further and repeat the assay. • Competitive ELISA: If samples generate OD values lower than the highest standard point (P1), dilute samples further and repeat the assay. • User should determine the optimal dilution factor for samples.
	Contamination of reagents	• A new tip must be used for each addition of different samples or reagents during the assay procedure.
	Contents of wells evaporate	• Verify that the sealing film is firmly in place before placing the assay in the incubator or at room temperature.
	Improper pipetting	• Pipette properly in a controlled and careful manner. • Check pipette calibration. • Check pipette for proper performance.
	Insufficient mixing of reagent dilutions	• Thoroughly agitate the lyophilized components after reconstitution. • Thoroughly mix dilutions.

References

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- (2) Heller MV *et al.* (1995) *Thromb Haemost.* 73(3):368-73.
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- (4) Terao T *et al.* (1991) *Gynecol Obstet Invest.* 31(2):74-85.
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- (6) Schmidt B *et al.* (1992) *Am Rev Respir Dis.* 145(4 Pt 1):767-70.
- (7) Nanninga PB *et al.* (1990) *Thromb Haemost.* 64(3):361-4.
- (8) Iyano K *et al.* (2004) *Ann Thorac Cardiovasc Surg.* 10(2):106-12.

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