



Human NGAL/Lipocalin-2 ELISA Kit

User's Manual

For Research Use Only, Not for use in diagnostic procedures

ELISA Kit for Measuring Human NGAL/Lipocalin-2

CircuLex Human NGAL/Lipocalin-2 ELISA Kit

Cat# CY-8070

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Intended Use

The CycLex Research Product **CircuLex NGAL/Lipocalin-2 ELISA Kit** is used for the quantitative measurement of human NGAL/Lipocalin-2 in serum, plasma, urine, tissue culture medium and other biological media.

This assay kit is for research use only and not for use in diagnostic or therapeutic procedures.

Storage

- Upon receipt store all components at 4°C.
- Don't expose reagents to excessive light.

Introduction

Human neutrophil gelatinase-associated lipocalin (NGAL), also called human lipocalin-2, was originally identified as an associated protein to 92-kDa human neutrophil type IV collagenase, also called gelatinase B or matrix metalloproteinase-9 (MMP-9) (1). The rat ortholog, neu-related lipocalin (NRL) or α 2-microglobulin-related protein, was identified as a protein highly overexpressed in mammary cancers. The murine ortholog, called 24p3, 24 kDa superinducible protein (Sip24), or uterocalin, was identified as a protein induced in response to various proliferative signals and is highly expressed in uterine luminal fluids and epithelial cells. Recently, 24p3 has also been implicated in processes as diverse as apoptosis (2) and kidney cell differentiation (3). NGAL, like most lipocalins, is thought to modulate cellular processes by binding to ligand(s) and interacting with specific cell-surface receptors. Evidence for such a mammalian receptor for NGAL has recently been reported (2). One early hypothesis proposed that NGAL has immunomodulatory activity by binding and clearing lipophilic inflammatory mediators (4), such as the neutrophil tripeptide chemoattractant N-formyl-Met-Leu-Phe (5, 6).

It has recently been also demonstrated that the binding of NGAL to bacterial siderophores is pivotal in the innate immune response to bacterial infection. Upon encountering invading bacteria the Toll-like receptors on immune cells stimulate the transcription, translation, and secretion of NGAL. Secreted NGAL then limits bacterial growth by sequestering the iron-laden siderophore (7).

NGAL is released from the secondary granules of activated neutrophils (1) and plasma levels rise in inflammatory or infective conditions, especially in bacterial infections (8). Thus the level of NGAL in plasma or serum has been proposed as a marker of infection. However, as levels of NGAL may also be raised in neoplastic conditions and renal disorders independently of any infective process, this proposed application should be treated with caution.

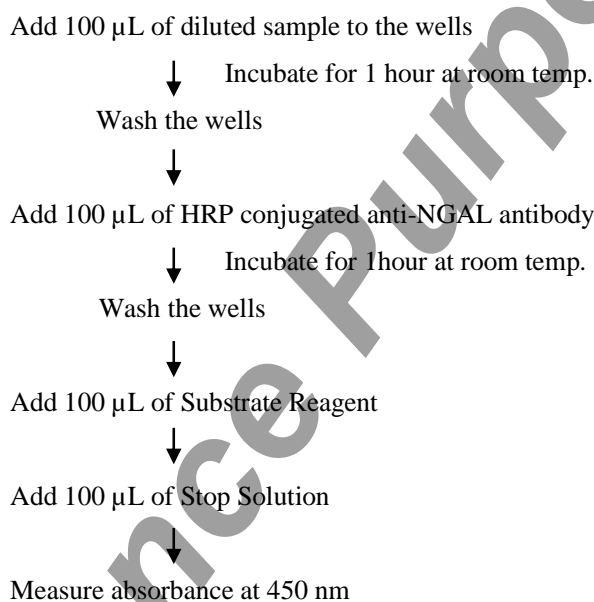
An early and dramatic upregulation was later observed in rat proximal tubule cells after ischemia-reperfusion injury (9), and raised plasma levels of NGAL were found to be strongly correlated with decreased renal function in patients with renal damage due to systemic vasculitis (10). The results for renal ischemia-reperfusion injury were subsequently confirmed and extended to nephrotoxic agents (11-13). It has been suggested that urinary NGAL levels may serve as an early marker for ischemic renal injury in children after cardiopulmonary bypass (14). In addition, Wang Y. et al. reported that both clinical and experimental evidence demonstrating that circulating NGAL is a marker for obesity and its associated pathologies. Although many tissues express NGAL, their results suggest that adipose tissue and liver are probably the two principal sources that contribute to the increased circulating concentrations of this protein in obesity states (15).

Principle of the Assay

The CycLex Research Product **CircuLex Human NGAL/Lipocalin-2 ELISA Kit** employs the quantitative sandwich enzyme immunoassay technique. An antibody specific for human NGAL has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and the immobilized antibody binds any NGAL present. After washing away any unbound substances, an HRP conjugated antibody specific for NGAL is added to the wells. Following a wash to remove any unbound antibody HRP conjugate, the remaining conjugate is allowed to react with the substrate H_2O_2 -tetramethylbenzidine. The reaction is stopped by addition of acidic solution and absorbance of the resulting yellow product is measured at 450 nm. The absorbance is proportional to the concentration of NGAL. A standard curve is constructed by plotting absorbance values versus NGAL concentrations of calibrators, and concentrations of unknown samples are determined using this standard curve.

The CircuLex Human NGAL/Lipocalin-2 ELISA Kit is designed to measure the concentration of human NGAL/Lipocalin-2 from serum/plasma, urine, cultured macrophages, or conditioned medium.

Summary of Procedure



Materials Provided

All samples and standards should be assayed in duplicate. The following components are supplied and are sufficient for the one 96-well microplate kit.

Microplate: One microplate supplied ready to use, with 96 wells (12 strips of 8-wells) in a foil, zip-lock bag with a desiccant pack. Wells are coated with anti-NGAL antibody as a capture antibody.

10X Wash Buffer: One bottle containing 100 mL of 10X buffer containing 2% Tween®-20

Dilution Buffer: One bottle containing 50 mL of 1X buffer; use for sample dilution. Ready to use.

Human NGAL Standard: One vials containing 24 ng each of lyophilized recombinant human NGAL

HRP conjugated Detection Antibody: One bottle containing 12 mL of HRP (horseradish peroxidase) conjugated anti-human NGAL antibody. Ready to use.

Substrate Reagent: One bottle containing 20 mL of the chromogenic substrate, tetra-methylbenzidine (TMB). Ready to use.

Stop Solution: One bottle containing 20 mL of 1 N H₂SO₄. Ready to use.

Materials Required but not Provided

- **Pipettors:** 2-20 µL, 20-200 µL and 200-1000 µL precision pipettors with disposable tips.
- **Precision repeating pipettor**
- **Orbital microplate shaker**
- **Microcentrifuge and tubes** for sample preparation.
- **Vortex mixer**
- **Microplate washer:** optional (Manual washing is possible but not preferable)
- **Plate reader** capable of measuring absorbance in 96-well plates at dual wavelengths of 450 nm/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. The plate can also be read at a single wavelength of 450 nm, which will give a somewhat higher reading.
- **Software package facilitating data generation and analysis :**optional
- **500 or 1000 mL graduated cylinder**
- **Reagent reservoirs**
- **Deionized water of the highest quality**
- **Disposable paper towels**

Precautions and Recommendations

- Allow all the components to come to room temperature before use.
- All microplate strips that are not immediately required should be returned to the zip-lock pouch, which must be carefully resealed to avoid moisture absorption.
- Do not use kit components beyond the indicated kit expiration date.
- Use only the microtiter wells provided with the kit.
- Rinse all detergent residue from glassware.
- Use deionized water of the highest quality.
- Do not mix reagents from different kits.
- The buffers and reagents in this kit may contain preservatives or other chemicals. Care should be taken to avoid direct contact with these reagents.
- Do not mouth pipette or ingest any of the reagents.
- Do not smoke, eat, or drink when performing the assay or in areas where samples or reagents are handled.
- Dispose of tetra-methylbenzidine (TMB) containing solutions in compliance with local regulations.
- Avoid contact with Substrate Solution which contains hydrogen peroxide.
- Avoid contact with Stop Solution which contains Sulfuric Acid.
- Wear gloves and eye protection when handling immunodiagnostic materials and samples of human origin, and these reagents. In case of contact with the Stop Solution and the Substrate Solution, wash skin thoroughly with water and seek medical attention, when necessary.
- **Biological samples may be contaminated with infectious agents. Do not ingest, expose to open wounds or breathe aerosols. Wear protective gloves and dispose of biological samples properly.**
- **CAUTION: Sulfuric Acid is a strong acid. Wear disposable gloves and eye protection when handling Stop Solution.**

Sample Collection and Storage

Serum: Use a serum separator tube and allow samples to clot for 60 ± 30 minutes. Centrifuge the samples at 4°C for 10 minutes at 1,000 x g. Remove serum and assay immediately or store samples on ice for up to 6 hours before assaying. Aliquots of serum may also be stored at below -70°C for extended periods of time. Avoid repeated freeze-thaw cycles.

Plasma: Collect plasma using EDTA-Na₂ or heparin as the anticoagulant. If possible, collect the plasma into a mixture of EDTA-Na₂ and Futhan5 to stabilize the sample against spontaneous *in vitro* complement activation. Immediately centrifuge samples at 4°C for 15 minutes at 1,000 x g. Assay immediately or store samples on ice for up to 6 hours before assaying. Aliquots of plasma may also be stored at below -70°C for extended periods of time. Avoid repeated freeze-thaw cycles.

Note: Citrate plasma has not been validated for use in this assay.

Urine: Immediately centrifuge samples at 4°C for 15 minutes at 15,000 x g. Assay immediately the supernatant or store on ice for up to 24 hours before assaying. Aliquots of urine may also be stored at below -70°C for extended periods of time. Avoid repeated freeze-thaw cycles.

Other biological samples: Remove any particulates by centrifugation and assay immediately or aliquot and store samples at below -70°C. Avoid repeated freeze-thaw cycles.

Detailed Protocol

The CycLex Research Product **CircuLex Human NGAL/Lipocalin-2 ELISA Kit** is provided with removable strips of wells so the assay can be carried out on separate occasions using only the number of strips required for the particular determination. Since experimental conditions may vary, an aliquot of the NGAL Standard within the kit, should be included in each assay as a calibrator. Disposable pipette tips and reagent troughs should be used for all liquid transfers to avoid cross-contamination of reagents or samples.

Preparation of Working Solutions

All reagents need to be brought to room temperature prior to the assay. Assay reagents are supplied ready-to-use, with the exception of **10X Wash Buffer** and **Human NGAL Standard**.

1. Prepare a working solution of Wash Buffer by adding 100 mL of the **10X Wash Buffer** to 900 mL of deionized (distilled) water (ddH₂O). Mix well. Store at 4°C for two weeks or -20°C for long-term storage.
2. Reconstitute **Human NGAL Standard** with **0.8 mL** of **ddH₂O**. The concentration of the human NGAL in vial should be **30 ng/mL**, which is referred to as a **Master Standard** of human NGAL.

Prepare Standard Solutions as follows:

Use the **Master Standard** to produce a dilution series (below). Mix each tube thoroughly before the next transfer. The 3,000 pg/mL standard (Std.1) serves as the high standard. The **Dilution Buffer** serves as the zero standard (Blank).

	Volume of Standard	Dilution Buffer	Concentration
Std.1	60 µL of Master Standard	540 µL	3,000 pg/mL
Std.2	300 µL of Std. 1 (3,000 pg/mL)	300 µL	1,500 pg/mL
Std.3	300 µL of Std. 2 (1,500 pg/mL)	300 µL	750 pg/mL
Std.4	300 µL of Std. 3 (750 pg/mL)	300 µL	375 pg/mL
Std.5	300 µL of Std. 4 (375 pg/mL)	300 µL	187.5 pg/mL
Std.6	300 µL of Std. 5 (187.5 pg/mL)	300 µL	93.8 pg/mL
Std.7	300 µL of Std. 6 (93.8 pg/mL)	300 µL	46.9 pg/mL
Blank	-	300 µL	0 pg/mL

Note: Do not use a Repeating pipette. Change tips for every dilution. Wet tip with Dilution Buffer before dispensing. Unused portions of Standards should be aliquoted and stored at below -70°C immediately. Avoid multiple freeze and thaw cycles.

Sample Preparation

- Serum and plasma samples require a 100-fold dilution with Dilution Buffer
e.g. 3 µL sample + 297 µL Dilution Buffer
- Urine samples require a 25-fold and 50-fold dilution with Dilution Buffer.

Note: Dilutions lower than 10-fold should not be used.

Assay Procedure

1. Prepare the assay protocol, assigning the appropriate wells for setting up Standard solutions, diluted patient specimens and any internal laboratory controls in duplicate.
Remove the appropriate number of microtiter wells from the foil pouch and place them into the well holder. Return any unused wells to the foil pouch, refold, seal with tape and store at 4°C.
2. Dilute samples with Dilution Buffer. (See "Sample Preparation" above.)
3. Pipette **100 µL** of **Standard Solutions (Std1-Std7, Blank)** and **diluted samples** in duplicates, into the appropriate wells.
4. Incubate the plate at room temperature (ca.25°C) for 1 hour, shaking at ca. 300 rpm on an orbital microplate shaker.
5. Wash 4-times by filling each well with Wash Buffer (350 µL) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
6. Add **100 µL** of **HRP conjugated Detection Antibody** into each well.
7. Incubate the plate at room temperature (ca.25°C) for 1 hour, shaking at ca. 300 rpm on an orbital microplate shaker.
8. Wash 4-times by filling each well with Wash Buffer (350 µL) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
9. Add **100 µL** of **Substrate Reagent**. Avoid exposing the microtiter plate to direct sunlight. Covering the plate with e.g. aluminum foil is recommended. Return Substrate Reagent to 4°C immediately after the necessary volume is removed
10. Incubate the plate at room temperature (ca. 25°C) for 10-20 minutes, shaking at ca. 300 rpm on an orbital microplate shaker. The incubation time may be extended up 30 minutes if the reaction temperature is below than 20°C.
11. Add **100 µL** of **Stop Solution** to each well in the same order as the previously added Substrate Reagent.
12. Measure absorbance in each well using a spectrophotometric microplate reader at dual wavelengths of 450/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. Read the microplate at 450 nm if only a single wavelength can be used. Wells must be read within 30 minutes of adding the Stop Solution.

Note-1: Complete removal of liquid at each step is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating or decanting. Invert the plate and blot it against clean paper towels.

Note-2: Reliable standard curves are obtained when either O.D. values do not exceed 0.2 units for the blank (zero concentration), or 2.5 units for the highest standard concentration. The plate should be monitored at 5-minute intervals for approximately 30 minutes.

Note-3: If the microplate reader is not capable of reading absorbance greater than the absorbance of the

highest standard, perform a second reading at 405 nm. A new standard curve, constructed using the values measured at 405 nm, is used to determine NGAL concentration of off-scale samples. The readings at 405 nm should not replace the on-scale readings at 450 nm.

Calculations

Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density. Plot the optical density for the standards versus the concentration of the standards and draw the best curve. To determine the NGAL concentration of each sample, first find the absorbance value on the y-axis and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the x-axis and read the corresponding NGAL concentration. If the samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

1. The dose-response curve of this assay fits best to a sigmoidal 4-parameter logistic equation. The results of unknown samples can be calculated with any computer program having a 4-parameter logistic function. It is important to make an appropriate mathematical adjustment to accommodate for the dilution factor.
2. Most microtiter plate readers perform automatic calculations of analyte concentration. The calibration curve is constructed by plotting the absorbance (Y) of calibrators versus log of the known concentration (X) of calibrators, using the four-parameter function. Alternatively, the logit log function can be used to linearize the calibration curve (i.e. logit of absorbance (Y) is plotted versus log of the known concentration (X) of calibrators).
3. Dilution factors need to be taken into consideration in calculating the NGAL concentration.

Measurement Range

The measurement range is 46.9 pg/mL to 3,000 pg/mL. Any sample reading higher than the highest standard should be diluted with Dilution Buffer in higher dilution and re-assayed. Dilution factors need to be taken into consideration in calculating the human NGAL concentration.

Troubleshooting

1. The NGAL Standard should be run in duplicate, using the protocol described in the **Detailed Protocol**. Incubation times or temperatures significantly different from those specified may give erroneous results.
2. Poor duplicates, accompanied by elevated values for wells containing no sample, indicate insufficient washing. If all instructions in the **Detailed Protocol** were followed accurately, such results indicate a need for washer maintenance.
3. Overall low signal may indicate that desiccation of the plate has occurred between the final wash and addition of Substrate Reagent. Do not allow the plate to dry out. Add Substrate Reagent immediately after wash.

Reagent Stability

All of the reagents included in the CycLex Research Product **CircuLex Human NGAL/Lipocalin-2 ELISA Kit** have been tested for stability. Reagents should not be used beyond the stated expiration date. Upon receipt, kit reagents should be stored at 4°C, except the reconstituted NGAL Standard must be stored at below -70°C. Coated assay plates should be stored in the original foil bag sealed by the zip lock and containing a desiccant pack.

Assay Characteristics

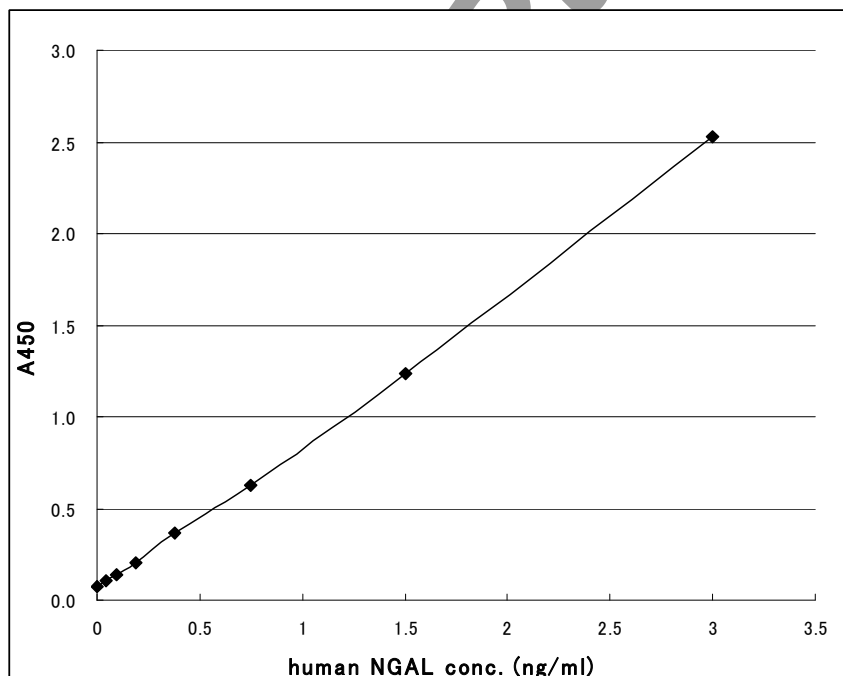
1. Sensitivity

The limit of detection (defined as such a concentration of NGAL giving absorbance higher than mean absorbance of blank* plus three standard deviations of the absorbance of blank: A blank + 3SD blank) is better than 26.7 pg/ml of sample.

* Dilution Buffer is pipetted into blank wells.

Eighty assays were evaluated and the minimum detectable dose (MDD) of NGAL ranged from 23.7-31.6 pg/mL. The mean MDD was 26.7 pg/mL. The MDD was determined by adding three standard deviations to the mean optical density value of twenty zero standard replicates and calculating the corresponding concentration.

Typical standard curve



2. Precision

Intra-assay Precision (Precision within an assay)

Three samples of known concentration were tested twelve times on one plate to assess intra-assay precision.

- Intra-assay (Within-Run, n=12) CV=6.2, 3.4, 5.1 %

	human NGAL conc. (ng/ml)		
	A	B	C
1	14.59	40.01	82.09
2	15.24	42.98	79.69
3	14.53	40.80	81.88
4	14.05	39.85	83.40
5	13.00	42.66	79.43
6	12.79	42.76	86.39
7	12.64	42.60	89.51
8	13.64	40.64	83.35
9	12.94	43.79	77.09
10	13.58	42.08	77.55
11	12.86	40.11	76.41
12	13.29	43.25	86.81
MAX.	15.24	43.79	89.51
MIN.	12.64	39.85	76.41
MEAN	13.59	41.79	81.97
S.D.	0.84	1.41	4.15
C.V.	6.2%	3.4%	5.1%

Inter-assay Precision (Precision between assays)

Three samples of known concentration were tested in five separate assays to assess inter-assay precision.

- Inter-assay (Run-to-Run, n=4) CV=6.0, 3.3, 5.9 %

	human NGAL conc. (ng/ml)		
Day	A	B	C
1	17.54	66.98	96.81
2	16.70	63.68	110.65
3	17.47	61.40	110.95
4	19.02	63.51	100.89
5	19.23	62.38	105.35
MAX.	19.23	66.98	110.95
MIN.	16.70	61.40	96.81
MEAN	17.99	63.59	104.93
S.D.	1.087	2.108	6.151
C.V.	6.0%	3.3%	5.9%

3. Spiking Recover

Serum samples were spiked with different amounts of NGAL and assayed.

The recovery of NGAL spiked to levels throughout the range of the assay was evaluated.

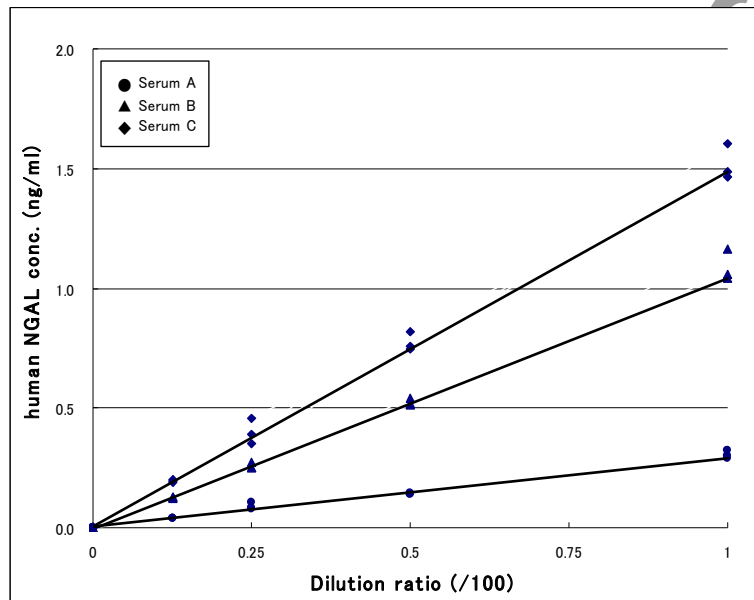
Sample Average % Recovery Range

Cell culture media (n=4) 92, 87, 98, 109,

4. Linearity

To assess the linearity of the assay, samples containing and/or spiked with high concentrations of NGAL were serially diluted with the Dilution Buffer to produce samples with values within the dynamic range of the assay.

The linearity of the assay



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Related Products

- *CircuLex Rat NGAL ELISA Kit: Cat# CY-8053
- *CircuLex Human NGAL ELISA Kit: Cat# CY-8070
- *CircuLex Mouse FABP1/L-FABP ELISA Kit: Cat# CY-8054
- *CircuLex Mouse FABP3/H-FABP ELISA Kit: Cat# CY-8055
- *CircuLex Mouse FABP5/E-FABP/mal1 ELISA Kit: Cat# CY-8056
- *CircuLex Mouse FABP4/A-FABP ELISA Kit: Cat# CY-8077
- *CircuLex Rat FABP4/A-FABP ELISA Kit: Cat# CY-8076
- *CircuLex Rat Adiponectin ELISA Kit: Cat# CY-8049
- *CircuLex Human Adiponectin ELISA Kit: Cat# CY-8050
- *CircuLex Mouse Adiponectin ELISA Kit: Cat# CY-8051
- *CircuLex Dog Adiponectin ELISA Kit: Cat# CY-8052

- *CircuLex S100A13 ELISA Kit: Cat# CY-8057
- *CircuLex S100A12/EN-RAGE ELISA Kit: Cat# CY-8058
- *CircuLex S100A4 ELISA Kit: Cat# CY-8059
- *CircuLex S100P ELISA Kit: Cat# CY-8060
- *CircuLex S100A8/MRP8 ELISA Kit: Cat# CY-8061
- *CircuLex S100A9/MRP14 ELISA Kit: Cat# CY-8062
- *CircuLex S100A7/Psoriasin ELISA Kit: Cat# CY-8073

- *CircuLex CML/Ne-(carboxymethyl) Lysine ELISA Kit: Cat# CY-8066
- *CircuLex High-Sensitivity CRP ELISA Kit: Cat# CY-8071

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