

Rat Thyroxine antibody (TAb) ELISA Kit

Catalog No: #EK11874



Package Size: #EK11874-1 48T #EK11874-2 96T

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Description

Product Name	Rat Thyroxine antibody (TAb) ELISA Kit
Brief Description	ELISA Kit
Applications	ELISA
Species Reactivity	Rat (<i>Rattus norvegicus</i>)
Storage	<p>The stability of ELISA kit is determined by the loss rate of activity. The loss rate of this kit is less than 5% within the expiration date under appropriate storage condition.</p> <p>The loss rate was determined by accelerated thermal degradation test. Keep the kit at 37C for 4 and 7 days, and compare O.D.values of the kit kept at 37C with that of at recommended temperature. (referring from China Biological Products Standard, which was calculated by the Arrhenius equation. For ELISA kit, 4 days storage at 37C can be considered as 6 months at 2 - 8C, which means 7 days at 37C equaling 12 months at 2 - 8C).</p>

Application Details

Detect Range:3.70-300 ng/mL

Sensitivity:1.42 ng/mL

Sample Type:Serum, Plasma, Other biological fluids

Sample Volume: 1-200 µL

Assay Time:1-4.5h

Detection wavelength:450 nm

Product Description

Detection Method:Competitive ELISA
Test principle:This assay employs the competitive enzyme immunoassay technique. The microtiter plate provided in this kit has been pre-coated with an antibody specific to TAb. Standards or samples are then added to the appropriate microtiter plate wells with a Horseradish Peroxidase (HRP)-conjugated TAb and incubated. The competitive inhibition reaction is launched between with HRP labeled TAb and unlabeled TAb with the antibody. A substrate solution is added to the wells and the color develops in opposite to the amount of TAb in the sample. The color development is stopped and the intensity of the color is measured.
Product Overview:T4, the principal thyroid hormone largely bound to transport proteins, especially TBG. Given normal levels of thyroid hormone-binding proteins, hyperthyroidism is characterized by increased levels of circulating T4, hypothyroidism by decreased levels. Exceptions to this parallelism between thyroid status and total T4 concentration are found. Levels of TBG are known to be altered under various physiological, pharmacological and genetic conditions. Elevated T4 levels may be obtained when TBG levels are high, as in pregnancy, acute intermittent? porphyria, hyperproteinemia, hereditary TBG elevation and in patients undergoing estrogen therapy or taking oral contraceptives. Total T4 levels may be depressed when TBG levels are low, as in nephrotic, hepatic, gastrointestinal and neoplastic disorders; in acromegaly, hypoproteinemia and hereditary TBG deficiency; and in patients undergoing androgen, testosterone or anabolic steroid therapy.

Note: This product is for in vitro research use only