

HUMAN SOLUBLE CD36 ELISA KIT

PURCHASE INFORMATION:

**FOR THE QUANTITATIVE DETERMINATION OF HUMAN
sCD36 CONCENTRATIONS IN PLASMA AND CELL
CULTURES.**

**FOR RESEARCH USE ONLY. NOT FOR USE IN
DIAGNOSTIC PROCEDURES.**

INTRODUCTION

Human soluble CD36 Immunoassay is a 3.5 - 4.5 hour solid phase ELISA designed to measure Human sCD36 in cell culture supernates, and plasma. It contains recombinant Human soluble CD36 and antibodies raised against this protein. It has been shown to accurately quantitate recombinant Human sCD36. Results obtained with naturally occurring sCD36 samples showed linear curves that were parallel to the standard curves obtained using the kit standards. These results indicate that the Immunoassay kit can be used to determine relative mass values for natural Human sCD36.

PRINCIPLE OF THE ASSAY

This assay employs the quantitative sandwich enzyme immunoassay technique. A polyclonal antibody specific for sCD36 has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any sCD36 present is bound by the immobilized antibody. After washing away any unbound substances, an biotinylated polyclonal antibody specific for sCD36 is added to the wells. Following a wash to remove any unbound antibody-biotin reagent, HRP link Streptavidin is added to the wells. After washing away any unbound enzyme, a substrate solution is added to the wells and color develops in proportion to the amount of sCD36 bound in the initial step. The color development is stopped and the intensity of the color is measured.

LIMITATIONS OF THE PROCEDURE

- _ FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC PROCEDURES.
- _ The kit should not be used beyond the expiration date on the kit label.
- _ Do not mix or substitute reagents with those from other lots or sources.
- _ It is important that the Dilution Buffer selected for the standard curve be consistent with the samples being assayed.
- _ If samples generate values higher than the highest standard, dilute the samples with the appropriate Dilution Buffer and repeat the assay.
- _ Any variation in standard diluent, operator, pipetting technique, washing technique, incubation time or temperature, and kit age can cause variation in binding.
- _ This assay is designed to eliminate interference by soluble receptors, binding proteins, and other

factors present in biological samples. Until all factors have been tested in the Immunoassay, the possibility of interference cannot be excluded.

MATERIALS PROVIDED

STORAGE

Unopened Kit: Store at 2 - 8° C. Do not use past kit expiration date.

Opened / Reconstituted Reagents: May be stored for up to 1 month at 2 - 8°C.

Standard : Reconstituted standard should be stored for up to two weeks at -70° C.

Microplate Wells: Return unused wells to the foil pouch containing the desiccant pack, reseal along entire edge of zip-seal. May be stored for up to 1 month at 2 - 8° C.

OTHER SUPPLIES REQUIRED

- Microplate reader capable of measuring absorbance at 450 nm, with the correction wavelength set at 540 nm or 570 nm.
- Microplate shaker (250-300rpm).
- Pipettes and pipette tips.
- Deionized or distilled water.
- Squirt bottle, manifold dispenser, or automated microplate washer.
- 100 mL and 500 mL graduated cylinders.

PRECAUTIONS FOR USE

All reagents should be considered as potentially hazardous. The stop solution contains diluted Hydrochloric acid. Appropriate care, therefore, should be taken while handling this solution. We therefore recommend that this product is handled only by those persons who have been trained in laboratory techniques and that it is used in accordance with the principles of good laboratory practice. Wear suitable protective clothing such as laboratory overalls, safety glasses and gloves. Care should be taken to avoid contact with skin or eyes. In the case of contact with skin or eyes wash immediately with water.

SAMPLE COLLECTION AND STORAGE

Cell Culture Supernates - Remove particulates by centrifugation and assay immediately or aliquot and store samples at $\leq -20^{\circ}$ C. Avoid repeated freeze-thaw cycles.

Plasma - Collect plasma using EDTA, heparin, or citrate as an anticoagulant. Centrifuge for 15 minutes at 1000 x g within 30 minutes of collection. Assay immediately or aliquot and store samples at $\leq -20^{\circ}$ C. Avoid repeated freeze-thaw cycles.

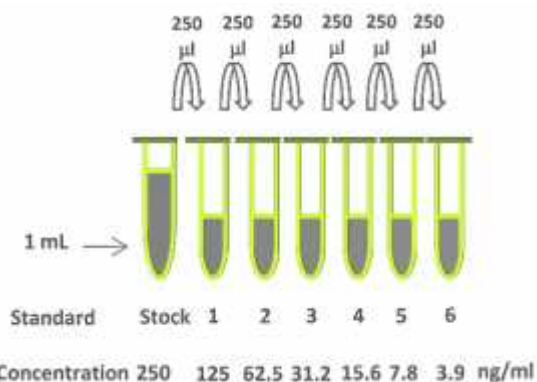
REAGENT PREPARATION

Bring all reagents to room temperature before use.

Wash Buffer - If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Dilute 50 mL of Wash Buffer Concentrate into deionized or distilled water (450 mL) to prepare 500 mL of Wash Buffer.

sCD36 Standard - Refer to vial label for reconstitution volume. Reconstitute the **sCD36** Standard with 1 ml of Dilution Buffer. This reconstitution produces a stock solution of 250 ng/mL. Allow the standard to sit for a minimum of 15 minutes with gentle agitation prior to making dilutions. Pipette 250 μ L of the appropriate Dilution Buffer into the tube #1 to #6. Use the stock solution to produce a dilution series (below). Mix each tube thoroughly before the next transfer. The 250 ng/mL standard serves as the high standard. The appropriate Dilution Buffer serves as the zero standard (0 ng/mL).

Standard	Standard	Reagent Diluent	Concentration
stock	powder	1 ml	250 ng/ml
# 1	250 μ L of stock	250 μ L	125 ng/ml
# 2	250 μ L of 1	250 μ L	62.5 ng/ml
# 3	250 μ L of 2	250 μ L	31.25 ng/ml
# 4	250 μ L of 3	250 μ L	15.6 ng/ml
# 5	250 μ L of 4	250 μ L	7.8 ng/ml
# 6	250 μ L of 5	250 μ L	3.9 ng/ml



Detection Antibody- Reconstitute the **Detection Antibody concentrated** with 120 μ L of Dilution Buffer to produce a 100-fold concentrated stock solution. Pipette 11.88 mL of the appropriate Dilution Buffer into the 15 mL centrifuge tube and transfer 120 μ L of 100-fold concentrated stock solution to prepare working solution.

Streptavidin-HRP Conjugate - Pipette 11.88 mL of Dilution Buffer into the 15 ml centrifuge tube and transfer 120 µL of 100-fold concentrated stock solution to prepare working solution. *Note: 1 x working solution of Streptavidin-HRP Conjugate should be used within a few days.*

Positive Control- Reconstitute the **Positive Control** with 1.0 mL of Dilution Buffer. *Positive Control should be prepared and used immediately.*

ASSAY PROCEDURE

Bring all reagents and samples to room temperature before use. It is recommended that standards be assayed in duplicate.

1. Prepare all reagents and working standards as directed in the previous sections.
2. Remove excess micro-plate strips from the plate frame, return them to the foil pouch containing the desiccant pack, reseal.
3. Add 100 µL of Dilution Buffer to Blank well (F4, F5).
4. Add 100 µL of Standard (from B2 to G3, G4 to G5), sample, or control per well. Cover with the Sealer. Incubate for 2 hours on micro-plate shaker at room temperature. A plate layout is provided to record standards and samples assayed.
5. Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with Wash Buffer (300 µL) using a squirt bottle, manifold dispenser, or autowasher. 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.
6. Add 100 µL of Detection Antibody working solution to each well. Cover with sealer. Incubate for 2 hours on micro-plate shaker at room temperature.
7. Repeat the aspiration/wash as in step 5.
8. Add 100 µL of **Streptavidin-HRP Conjugate** working solution to each well. Incubate for 1 hour on micro-plate shaker at room temperature.
9. Repeat the aspiration/wash as in step 5.
10. Add 100 µL of Substrate Solution to each well. Incubate for 10-20 minutes at room temperature. **Protect from light.**
11. Add 100 µL of Stop Solution to each well. The color in the wells should change from blue to yellow. If the color in the wells is green or if the color

change does not appear uniform, gently tap the plate to ensure thorough mixing.

12. Determine the optical density of each well within 30 minutes, using a micro-plate reader set to 450 nm. If wavelength correction is available, set to 540 nm or 570 nm. If wavelength correction is not available, subtract readings at 540 nm or 570 nm from the readings at 450 nm. This subtraction will correct for optical imperfections in the plate. Readings made directly at 450 nm without correction may be higher and less accurate.

CALCULATION OF RESULTS

Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density. Create a standard curve by reducing the data using computer software capable of generating a log-log curve fit. As an alternative, construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis and draw a best fit curve through the points on the graph. The data may be linearized by plotting the log of the sCD36 concentrations versus the log of the O.D. and the best fit line can be determined by regression analysis. This procedure will produce an adequate but less precise fit of the data.

If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

Calculation of samples with a concentration exceeding that of standard 250 ng/ml may result in inaccurate, low human sCD36 levels. Such samples require further external predilution according to expected human sCD36 values with Dilution Buffer in order to precisely quantitate the actual human sCD36 level.

CALIBRATION

This immunoassay is calibrated against a highly purified Sf21-expressed recombinant Human CD36, ECD/Fc chimera.

SENSITIVITY

Twenty-five assays were evaluated and the minimum detectable dose (MDD) of sCD36 Was 1.9 ng/mL.

SPECIFICITY

This assay recognizes both natural and recombinant human Soluble CD36. The factors listed below were prepared at 2500 ng/mL in Dilution Buffer, and assayed for cross reactivity.

Protein Name	Cross-reactivity
Human CD36/Fc chimera (Sf21 derived)	100%
Human CD36 ECD (E. Coli derived)	100%
Human CD320 ECD	0
Human RAGE, ECD	0

- Stroke. 2010 May;41(5):898-904. Epub 2010 Apr 1.
6. Steinbusch LK, et al. Differential regulation of cardiac glucose and fatty acid uptake by endosomal pH and actin filaments. Am J Physiol Cell Physiol. 2010 Jun;298(6):C1549-59. Epub 2010 Apr 7.

SUMMARY OF ASSAY PROCEDURE**REFERENCES**

1. Masson CJ, et al. Fatty acid- and cholesterol transporter protein expression along the human intestinal tract. PLoS One. 2010 Apr 29;5(4):e10380.
2. Marecki JC, et al. Hyperinsulinemia and ectopic fat deposition can develop in the face of hyperadiponectinemia in young obese rats. J Nutr Biochem. 2010 Apr 30. [Epub ahead of print]
3. Bell JA, et al. Lipid partitioning, incomplete fatty acid oxidation, and insulin signal transduction in primary human muscle cells: effects of severe obesity, fatty acid incubation, and fatty acid translocase/CD36 overexpression. J Clin Endocrinol Metab. 2010 Jul;95(7):3400-10. Epub 2010 Apr 28.
4. Sandoval JC, et al. Fenofibrate reduces postprandial hypertriglyceridemia in CD36 knockout mice. J Atheroscler Thromb. 2010 Jun 30;17(6):610-8. Epub 2010 Mar 30.
5. Abe T, et al. Key role of CD36 in Toll-like receptor 2 signaling in cerebral ischemia.

TYPICAL DATA

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

Standard (ng/mL)	Absorbance 450nm (Corrected)
3.9	0.028
7.8	0.052
15.6	0.121
31.2	0.326
62.5	0.823
125	1.828
250	2.910

Lot No.: 20110189