

Human Cystatin C/CST3 ELISA Kit | CST3 elisa kit

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CATALOG #
AAA258367

REACTIVITY
Human

PRODUCT SYNONYMS

Cystatin C/CST3; Human Cystatin C/CST3 ELISA Kit; Cystatin C ELISA Kit; Human; cystatin C; CST3 elisa kit

PRODUCT SPECIFICATIONS

Reactivity	Human
Specificity	For the quantitative determination of Human Cystatin C/CST3 concentration in serum, cell culture supernates, and urine.
Assay Type	Solid Phase Sandwich ELISA (quantitative)
Sample Types	Serum, Cell supernatant, Urine
Detection Range	3.91-250pg/mL
Sensitivity	1.54pg/mL
Conjugation	HRP
Materials Provided	1. 96 well microplate coated with Capture Antibody 2. Detection Antibody conjugated to HRP 3. Standards 4. Wash Buffer Concentrate 5. Dilution Buffer Concentrate 6. Color Reagent A 7. Color Reagent B 8. Stop Solution

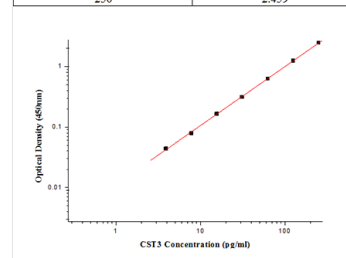
IMAGES

Recombinant human			
CST5	CST6	FetuinA	IL1
IL2	IL4	IL6	IL8
IL10	IL33	TNF- α	SCF
PDGF	IFN- γ	VEGF	MIP-1 β
TIMP1	TIMP2	GM-CSF	

Application Data

This assay recognizes both recombinant and natural Human CST3. The factors listed below were prepared at 50ng/mL in dilution buffer and assayed for cross-reactivity. No cross-reactivity was observed.

Concentration (pg/mL)	Zero standard subtracted OD
0	0
3.91	0.044
7.81	0.079
15.63	0.166
31.25	0.315
62.5	0.627
125	1.238
250	2.459



Standard Curve (Sample)

This standard curve is only for demonstration purposes. A standard curve should be generated for each assay.

ADDITIONAL INFORMATION

Related Product Information for CST3 elisa kit	This Cystatin C ELISA Kit, Human is an enzyme-linked immunosorbent assay for the quantitative measurement of Human Cystatin C protein in Serum, Cell supernatant, Urine. It contains recombinant Human Cystatin C, and antibodies raised against the recombinant protein. This ELISA kit is complete and ready-to-use. Background: Cystatin C, also known as Cystatin-3 (CST3) is a secreted type 2 cysteine protease inhibitor synthesized in all nucleated cells, has been proposed as a replacement for serum creatinine for the assessment of renal function, particularly to detect small reductions in glomerular filtration rate. The mature, active form of human cystatin C is a single non-glycosylated polypeptide chain consisting of 120 amino acid residues, with a molecular mass of 13, 343-13, 359 Da, and containing four characteristic disulfide-paired cysteine residues. Cystatin C is a low-molecular-weight protein that has been proposed as a marker of renal function that could replace creatinine. Indeed, the concentration of Cystatin C is mainly determined by glomerular filtration and is particularly of interest in clinical settings where the relationship between creatinine production and muscle mass impairs the clinical performance of creatinine. Since the last decade, numerous studies have evaluated its potential use in measuring renal function in various populations. More recently, other potential developments for its clinical use have emerged. In almost all the clinical studies, Cystatin C demonstrated a better test accuracy than serum creatinine in discriminating normal from impaired kidney function, but controversial results have been obtained by comparing this protein with other indices of kidney disease, especially serum creatinine-based equations, such as early atherosclerosis, Alzheimer's dementia, vascular aneurysms, hyperhomocysteinaemia and other neurodegenerative diseases. Cystatin C could be a useful clinical tool to identify HIV-infected persons. In addition, its expression is up-regulated in malignance of certain tumor progression.
References	Mares J, et al. (2003) Use of cystatin C determination in clinical diagnostics. Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub. 147(2): 177-80. Mussap M, et al. (2004) Biochemistry and clinical role of human cystatin C. Crit Rev Clin Lab Sci. 41(5-6): 467-550. Sronie-Vivien S, et al. (2008) Cystatin C: current position and future prospects. Clin Chem Lab Med. 46(12): 1664-86. Taglieri N, et al. (2009) Cystatin C and cardiovascular risk. Clin Chem. 55(11): 1932-43.

For Research Use Only. Not for use in diagnostic or therapeutic procedures. Small volumes of product may become entrapped in the seal of the vial during shipment and storage; if necessary, briefly centrifuge the vial on a tabletop centrifuge to dislodge any liquid in the cap.