

Human RAGE ELISA Kit | RAGE elisa kit

RAGE (Human) OmniKine ELISA Kit

CATALOG #
AAA30737

REACTIVITY
Human

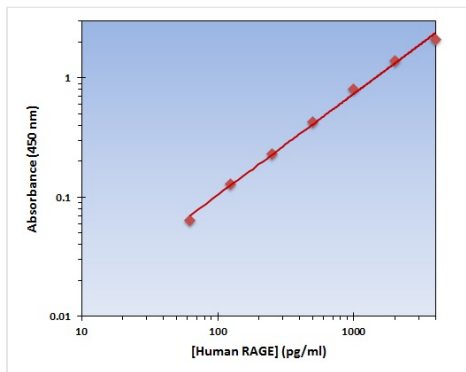
PRODUCT SYNONYMS

RAGE; RAGE (Human) OmniKine ELISA Kit; Advanced glycosylation end product-specific receptor; Receptor for advanced glycosylation end products; RAGE elisa kit

PRODUCT SPECIFICATIONS

Reactivity	Human
Specificity	The OmniKine™ Human RAGE ELISA is capable of recognizing both recombinant and naturally produced Human RAGE proteins. The antigens listed below were tested at 50 ng/ml and did not exhibit significant cross reactivity or interference.
Form/Format	12 x 8-Well Microstrips
Sequence Length	404
Assay Type	Quantitative Sandwich
Preparation and Storage	Store entire kit at 4 degree C until use. Kit expiration is 3 months from date of shipment.

IMAGES



Application Data

The OmniKine Human RAGE ELISA Kit allows for the detection and quantification of endogenous levels of natural and/or recombinant Human RAGE proteins within the range of 63-4000 pg/ml.

ADDITIONAL INFORMATION

Related Product Information for RAGE elisa kit

Principle of the Assay: The OmniKine™ Human RAGE ELISA Kit contains the components necessary for quantitative determination of natural or recombinant Human RAGE concentrations within any experimental sample including cell lysates, serum and plasma. This particular immunoassay utilizes the quantitative technique of a "Sandwich" Enzyme-Linked Immunosorbent Assay (ELISA) where the target protein (antigen) is bound in a "sandwich" format by the primary capture antibodies coated to each well-bottom and the secondary detection antibodies added subsequently by the investigator. The capture antibodies coated to the bottom of each well are specific for a particular epitope on Human RAGE while the user-added detection antibodies bind to epitopes on the captured target protein. Amid each step of the procedure, a series of wash steps must be performed to ensure the elimination of non-specific binding between proteins to other proteins or to the solid phase. After incubation and "sandwiching" of the target antigen, a peroxidase enzyme is conjugated to the constant heavy chain of the secondary antibody (either covalently or via Avidin/Streptavidin-Biotin interactions), allowing for a colorimetric reaction to ensue upon substrate addition. When the substrate TMB (3, 3', 5, 5'-Tetramethylbenzidine) is added, the reaction catalyzed by peroxidase yields a blue color that is representative of the antigen concentration. Upon sufficient color development, the reaction can be terminated through addition of Stop Solution (2 N Sulfuric Acid) where the color of the solution will turn yellow. The absorbance of each well can then be read by a spectrophotometer, allowing for generation of a standard curve and subsequent determination of protein concentration.

Background/Introduction: RAGE is able to phosphorylate several exogenous substrates and undergo auto-phosphorylation. Phosphorylation appears to increase enzymatic activity. RAGE is expressed in the heart, brain, lung, kidney, and pancreas, and at very low levels in placenta, liver and skeletal muscle. RAGE is also detected in retinas.

NCBI AND UNIPROT INFORMATION

NCBI GI #	10835203
NCBI GeneID	177
NCBI Accession #	NP_001127.1
NCBI GenBank Nucleotide #	NM_001136.4
UniProt Accession #	Q15109 ; Q15279 ; Q3L1R4 ; Q3L1R5 ; Q3L1R6 ; Q3L1R7 ; Q3L1R8 ; Q3L1S0 ; A2BFI7 ; A6NKF0 ; A7Y2U9 ; B0V176
Molecular Weight	41,098 Da
NCBI Official Full Name	advanced glycosylation end product-specific receptor isoform 1
NCBI Official Synonym Full Names	advanced glycosylation end-product specific receptor
NCBI Official Symbol	AGER
NCBI Official Synonym Symbols	RAGE; SCARJ1
NCBI Protein Information	advanced glycosylation end product-specific receptor
UniProt Protein Name	Advanced glycosylation end product-specific receptor
UniProt Gene Name	AGER
UniProt Synonym Gene Names	RAGE

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.

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