

## Human Titin N-Fragment Assay Kit – IBL

96 Well

Please read carefully this instruction prior you use this assay kit.

### INSTRUCTIONS FOR USE

This product is for research use only and is not intended for diagnostic use.

### KIT COMPONENT

1	<b>Precoated plate:</b> (Anti-Titin-N(144A2) Mouse IgG)	96Well x 1
2	<b>Labeled antibody conc.:</b> (30X) HRP conjugated Anti-Titin-N(53A1) Mouse IgG)	0.4mL x 1
3	<b>Standard:</b> (Recombinant Human Titin(1-200))	0.5mL x 2
4	<b>EIA buffer</b>	30mL x 1
5	<b>Solution for labeled antibody</b>	12mL x 1
6	<b>Chromogen:</b> TMB solution	15mL x 1
7	<b>Stop solution</b>	12mL x 1
8	<b>Wash buffer conc.</b>	50mL x 1

### MEASURING SAMPLES

Human Urine

### PRINCIPLE

This kit is a solid phase sandwich ELISA (Enzyme-linked Immunosorbent Assay). As a primary antibody is coated on a plate, samples and standard are added into the wells for 1<sup>st</sup> reaction. After the reaction, HRP-conjugated secondary antibody is added into the wells for 2<sup>nd</sup> reaction. After washing away unbound the secondary antibody, Tetra Methyl Benzidine (TMB) is added to the wells and color develops.

### OPERATING PRECATION

- Test samples should be measured soon after collection. For storage of samples, store them frozen and do not repeat freeze/thaw cycles. Thaw the test samples at a low temperature and mix them completely before measurement.
- Test samples should be diluted with "4, EIA buffer" contained in this kit.
- Duplicate measurement of test samples and standards is recommended.
- Standard curve should run for each assay.
- Use test samples in neutral pH range. The contaminations of organic solvent may affect the measurement.
- All reagents should be brought to room temperature (R.T.) and mixed completely and gently before use. After mixing them, make sure of no change in quality of the reagents.
- Use only "8, Wash buffer conc." contained in this kit for washing the precoated plate. Insufficient washing may lead to the failure in measurement.
- Using a plate washer is recommended (wait time zero second). It should be washed by a plate washer immediately after each reaction. If you use a washing bottle instead of a plate washer, after filling wash buffer in each well, immediately turn the plate upside down and shake it off to completely remove the wash buffer. Repeat the number of times of wash defined in a table for measurement procedure described in section 3. It should be properly washed off as instructed in order to avoid any insufficient wash.
- Carefully tap the plate against a clean paper towel without contacting with inside of each well to completely remove the washing buffer after repeated the determined number of wash.
- "6, Chromogen - TMB solution" should be stored in the dark due to its sensitivity against light. It should be also avoided contact with metals. Required quantity should be prepared into a collecting container for each use.
- After adding TMB solution into the wells, the liquid in the wells gradually changes the color in blue. In this process the plate should be in dark. Remained TMB solution in the collecting container should not be returned into the original bottle of TMB solution to avoid contamination.
- Measurement of O.D. should be done within 30 minutes after addition of "7, Stop solution".

### OPERATION MANUAL AND DOSAGES

#### 1. Materials needed but not supplied.

Plate reader	Micropipette and tip
Test tubes for dilution	Measuring cylinder and beaker
Deionized water	Plate washer or washing bottle
Paper towel	Collecting container
Incubator (37°C±1°C)	(i.e. clean disposable test tube)

#### 2. Preparation

- Preparation of wash buffer  
Dilute "8, Wash buffer conc." 40 fold with deionized water. The diluted one is used for the assay as a wash buffer. Adjust the required quantities if needed.
- Preparation of labeled antibody  
Dilute "2, Labeled antibody conc." 30 fold with "5, Solution for labeled antibody" using a prepared collecting container.

#### (3)Preparation of standard

Add 0.5 mL of deionized water into the vial of "3, Standard" and completely dissolve it. Concentration of the standard is 6000 pmol/L. The standards enclosed in this kit can be frozen and stored after reconstitution. However the freeze-thaw shall not be repeated.

Prepare 7 test tubes for dilution of the standard and adding 230 µL of the EIA buffer into each tube.

Put 230 µL of 6000 pmol/L standard into the tube 3000 pmol/L (Tube-1) and gently mix it. Afterword, put 230 µL of the mixed liquid of tube-1 into the tube 1500 pmol/L (Tube-2) and gently mix it. Dilute two fold standard solution in series to set up 7 points of diluted standard between 3000 pmol/L and 46.88 pmol/L.

Tube-1	3000	pmol/L
Tube-2	1500	pmol/L
Tube-3	750	pmol/L
Tube-4	375	pmol/L
Tube-5	187.5	pmol/L
Tube-6	93.75	pmol/L
Tube-7	46.88	pmol/L

#### (4)Preparation of test samples

Dilute test samples with "4, EIA buffer" contained in this kit as follows.

Human Urine: more than 10 fold.

### 3. Measurement Procedure

- Add test sample blank  
Determine wells for test sample blank. Put 100µL each of "4, EIA buffer" into the wells.
- Add prepared test samples and standard  
Put 100 µL prepared test samples and 100 µL prepared standard into appropriate wells.
- Incubation with plate lid (1st reaction).
- Washing (Refer to No. 8 and 9 described in OPERATING PRECATION.)  
Wash the plate with the prepared wash buffer and remove all liquid.
- Add prepared labeled antibody  
Put 100 µL prepared labeled antibody into the wells.
- Incubation with plate lid (2nd reaction).
- Washing (Refer to No. 8 and 9 described in OPERATING PRECATION.)  
Wash the plate with the prepared wash buffer and remove all liquid completely.
- Add "6, Chromogen - TMB solution"  
Put 100 µL the TMB solution into the wells.
- Incubation in dark
- Add "7, Stop solution"  
Put 100 µL the Stop solution into the wells.
- Determination of optical density (O.D.)  
Remove any dirt or drop of water on the bottom of the plate and confirm there is no bubble on the surface of the liquid. Then, measure the both O.D. of standard and the test samples against a test sample blank.  
Measurement wavelength: 450 nm. In case of 2 wavelengths:  
Main wavelength is 450nm. Sub-wavelength is between 600 and 650 nm.

Table for measurement procedure

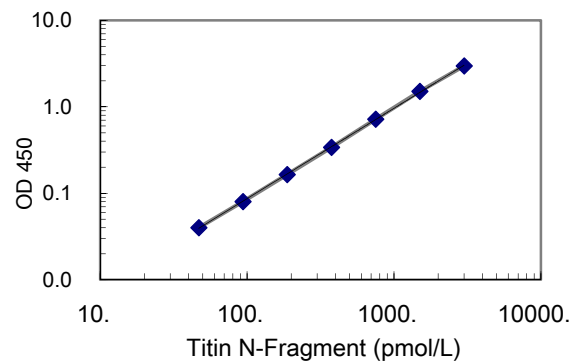
	Test samples	Standard	Test sample blank
Reagents	Test samples 100 µL	Diluted Standard 100 µL	EIA buffer 100 µL
1st reaction	Incubation for 60 minutes at 37°C with plate lid.		
Washing	4 times (wash buffer more than 350 µL) (Refer to No. 8 and 9 described in OPERATING PRECATION.)		
Labeled antibody	100 µL	100 µL	100 µL
2nd reaction	Incubation for 30 minutes at 37°C with plate lid.		
Washing	5 times (wash buffer more than 350 µL) (Refer to No. 8 and 9 described in OPERATING PRECATION.)		
TMB solution	100 µL	100 µL	100 µL
Chromogenic reaction	Incubation for 30 minutes at R.T. (shielded).		
Stop solution	100 µL	100 µL	100 µL
Measuring O.D.	450 nm / 600~650 nm		

**CALCULATION OF TEST RESULT**

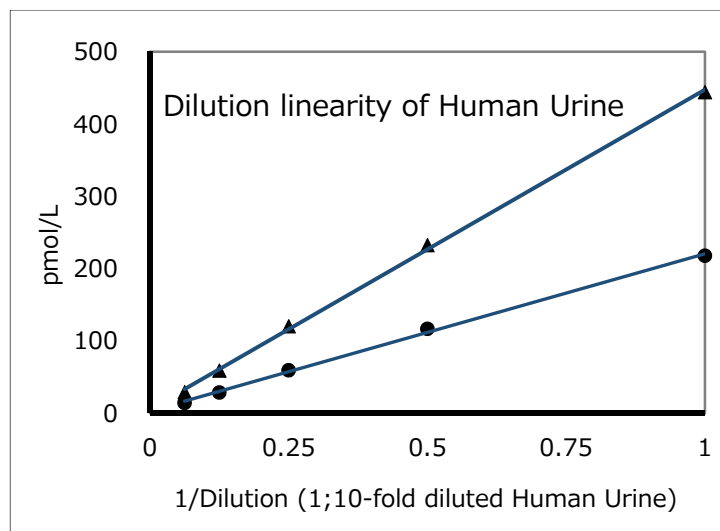
- 1 Plot the concentration of the standard on the x-axis and its O.D. on the y-axis. Draw a standard curve by applying appropriate regression curve on each plot (i.e. quadratic regression of double logarithm conversion).
- 2 Read the concentration by applying the absorbance of the test samples on a standard curve.
- 3 Calculate the concentration of the test samples by multiplying dilution ratio of test samples on the value.

Example of standard curve and measured value

Standard (pmol/L)	O.D.
3000.	2.975
1500.	1.510
750.	0.719
375.	0.340
187.5	0.165
93.75	0.081
46.88	0.040


**PERFORMANCE AND CHARACTERISTICS**

- 1 **Sensitivity**  
27.91 pmol/L (Calculated by NCCLS method using the standard.)
- 2 **Measurement range**  
46.88 ~ 3000 pmol/L
- 3 **Dilution linearity**


**4 Added recovery assay**

Specimen	Additive Amount (pmol/L)	Theoretical Value (pmol/L)	Measurement Value (pmol/L)	%
Human Urine (x10)	1389.2	1572.9	1623.4	103.2
	432.0	615.7	540.5	87.8
	131.0	314.7	313.4	99.6

**5 Intra-assay**

Measurement value (pmol/L)	SD (pmol/L)	CV (%)	n
1189.07	44.97	3.8	24
358.61	15.23	4.2	24
102.76	8.85	8.6	24

**6 Inter-assay**

Measurement value (pmol/L)	SD (pmol/L)	CV (%)	n
1188.21	68.02	5.7	7
364.99	20.79	5.7	7
107.61	8.27	7.7	7

**PRECAUTION FOR INTENDED USE AND/OR HANDLING**
**1 Precaution for handling (Hazard prevention)**

- (1) Treat the components carefully and wash hands after handling it.
- (2) "7, Stop solution" is a strong acid substance (1N Sulfuric acid). Therefore, it should be careful for the treatment and do not contact your skin and clothes with it. It also needs to pay attention to the disposal of it.

**2 Precaution for intended use**

- (1) "3, Standard" is lyophilized products. It should be careful to open this vial.
- (2) All reagents should be stored at 2 - 8°C.
- (3) Precipitation can be seen in "4, EIA buffer", "5, Solution for labeled antibody" and "8, Wash buffer conc.", however, it does not affect its performance.
- (4) Do not mix or replace the reagents with the reagents from a different lot or kit.
- (5) Do not use expired reagents.

**3 Precaution for disposal**

- (1) Dispose used materials after rinsing them with large quantity of water.

**STORAGE AND THE TERM OF VALIDITY**

Storage Condition: 2 - 8°C  
The expiry date is specified on the outer box.

**PACKAGE UNIT AND PRODUCT NUMBER**

Package unit: 96 Well  
Product number: 27900

**REFERENCE\***

Maruyama N, Asai T, Abe C, Inada A, Kawauchi T, Miyashita K, Maeda M, Matsuo M, Nabeshima Y. Establishment of a highly sensitive sandwich ELISA for the N-terminal fragment of titin in urine. *Sci Rep.* 2016 Dec 19; 6: 39375

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Oshida N, Shida T, Oh S, Kim T, Isobe T, Okamoto Y, Kamimaki T, Okada K, Suzuki H, Ariizumi SI, Yamamoto M, Shoda J. Urinary Levels of Titin-N Fragment, a Skeletal Muscle Damage Marker, are Increased in Subjects with Nonalcoholic Fatty Liver Disease. *Sci Rep.* 2019 Dec 20;9(1):19498.

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Yoshihisa A, Kimishima Y, Kiko T, Sato Y, Watanabe S, Kanno Y, Abe S, Miyata M, Sato T, Suzuki S, Oikawa M, Kobayashi A, Yamaki T, Kunii H, Nakazato K, Ishida T, Takeishi Y. Usefulness of Urinary N-Terminal Fragment of Titin to Predict Mortality in Dilated Cardiomyopathy. *Am J Cardiol.* 2018 May 15;121(10):1260-1265.

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