

INTENDED USE

This mouse tissue-type plasminogen activator (tPA) total antigen assay is intended for the quantitative determination of total tPA in mouse plasma and other biological fluids. **For research use only.**

BACKGROUND

tPA is a serine protease that converts plasminogen to plasmin in the blood fibrinolytic system [1,2,3,9]. It also plays an important role in the nervous system, including the processes of neuronal migration, neurite outgrowth, and neuronal plasticity [1,2,4,7,10]. tPA has been suggested to have a role in several neuropathological conditions such as cerebral ischemia, seizures, and demyelinating diseases [1,3,5].

ASSAY PRINCIPLE

Mouse tPA will bind to the affinity purified capture antibody coated on the microtiter plate. Free, latent and complexed tPA will bind to the plate. After appropriate washing steps, monoclonal anti-mouse tPA primary antibody binds to the captured protein. Excess primary antibody is washed away and bound antibody is reacted with the peroxidase conjugated secondary antibody. Following an additional washing step, TMB is used for color development at 450nm. A standard calibration curve is prepared along with the samples to be measured using dilutions of mouse tPA. Color development is proportional to the concentration of tPA in the samples.

REAGENTS PROVIDED

- **96-well antibody coated microtiter strip plate** (removable wells 8x12) containing anti-mouse tPA antibody, blocked and dried.
- **10X Wash buffer:** 1 bottle of 50ml
- **Mouse tPA standard:** 1 vial of lyophilized standard
- **Anti-mouse tPA primary antibody:** 1 vial of lyophilized monoclonal antibody
- **Anti-mouse horseradish peroxidase secondary antibody:** 1 vial of concentrated HRP labeled antibody
- **TMB substrate solution:** 1 bottle of 10ml solution

STORAGE AND STABILITY

Store all kit components at 4°C upon arrival. Return any unused microplate strips to the plate pouch with desiccant. Reconstituted standard and primary may be stored at -80°C for later use. Do not freeze-thaw the standard and primary antibody more than once. Store all other unused kit components at 4°C. This kit should not be used beyond the expiration date.

OTHER REAGENTS AND SUPPLIES REQUIRED

- Microtiter plate shaker capable of 300 rpm uniform horizontally circular movement
- Manifold dispenser/aspirator or automated microplate washer
- Microplate reader capable of measuring absorbance at 450 nm
- Pipettes and Pipette tips
- Deionized or distilled water
- Polypropylene tubes for dilution of standard
- Paper towels or laboratory wipes
- 1N H₂SO₄ or 1N HCl
- Bovine Serum Albumin Fraction V (BSA)
- Tris(hydroxymethyl)aminomethane (Tris)
- Sodium Chloride (NaCl)

PRECAUTIONS

- FOR LABORATORY RESEARCH USE ONLY. NOT FOR DIAGNOSTIC USE.
- Do not mix any reagents or components of this kit with any reagents or components of any other kit. This kit is designed to work properly as provided.
- Always pour peroxidase substrate out of the bottle into a clean test tube. Do not pipette out of the bottle as contamination could result.
- Keep plate covered except when adding reagents, washing, or reading.
- DO NOT pipette reagents by mouth and avoid contact of reagents and specimens with skin.
- DO NOT smoke, drink, or eat in areas where specimens or reagents are being handled.

PREPARATION OF REAGENTS

- TBS buffer: 0.1M Tris, 0.15M NaCl, pH 7.4
- Blocking buffer (BB): 3% BSA (w/v) in TBS
- 1X Wash buffer: Dilute 50ml of 10X wash buffer concentrate with 450ml of deionized water

SAMPLE COLLECTION

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

ASSAY PROCEDURE

Perform assay at room temperature. Vigorously shake plate (300rpm) at each step of the assay.

Preparation of Standard

Reconstitute standard by adding 1ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. This will result in a 1000ng/ml standard solution.

Dilution table for preparation of mouse tPA standard:

| tPA concentration (ng/ml) | Dilutions |
|---------------------------|---|
| 50 | 950 μl (BB) + 50 μl (from vial) |
| 25 | 500 μl (BB) + 500 μl (50ng/ml) |
| 10 | 600 μl (BB) + 400 μl (25ng/ml) |
| 5 | 500 μl (BB) + 500 μl (10ng/ml) |
| 2 | 600 μl (BB) + 400 μl (5ng/ml) |
| 1 | 500 μl (BB) + 500 μl (2ng/ml) |
| 0.5 | 500 μl (BB) + 500 μl (1ng/ml) |
| 0.25 | 500 μl (BB) + 500 μl (0.5ng/ml) |
| 0.1 | 600 μl (BB) + 400 μl (0.25ng/ml) |
| 0 | 500 μl (BB) Zero point to determine background |

NOTE: DILUTIONS FOR THE STANDARD CURVE AND ZERO STANDARD MUST BE MADE AND APPLIED TO THE PLATE IMMEDIATELY.

Standard and Unknown Addition

Add 100 μl tPA standards (in duplicate) and unknowns to wells. Carefully record position of standards and unknowns. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

NOTE: The assay measures tPA antigen in the 0.1-50 ng/ml range. If the unknown is thought to have high tPA levels, dilutions may be made in blocking buffer.

Primary Antibody Addition

Reconstitute primary antibody by adding 10ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. Add 100 μl to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

Secondary Antibody Addition

Briefly centrifuge vial before opening. Dilute 1 μl of conjugated secondary antibody in 10ml of blocking buffer and add 100 μl to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300 μl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

Substrate Incubation

Add 100 μl TMB substrate to all wells and shake plate for 2-6 minutes. Substrate will change from colorless to different strengths of blue. Quench reaction by adding 50 μl of 1N H_2SO_4 or HCl stop solution to all wells when samples are visually in the same range as the standards. Add stop solution to wells in the same order as substrate upon which color will change from blue to yellow. Mix thoroughly by gently shaking the plate.

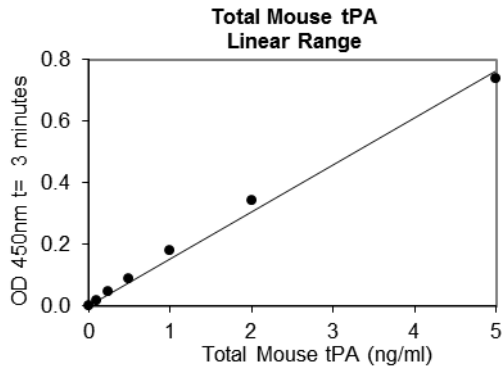
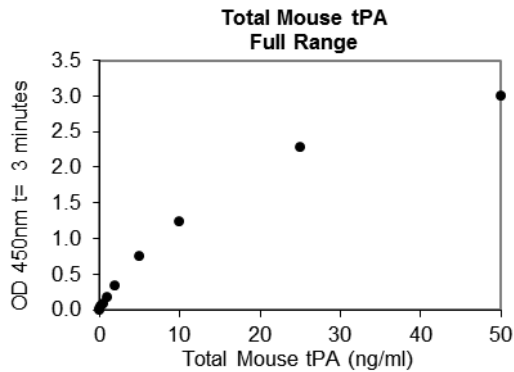
Measurement

Set the absorbance at 450nm in a microtiter plate spectrophotometer. Measure the absorbance in all wells at 450nm. Subtract zero point from all standards and unknowns to determine corrected absorbance (A_{450}).

Calculation of Results

Plot A_{450} against the amount of tPA in the standards. Fit a straight line through the linear points of the standard curve using a linear fit procedure if unknowns appear on the linear portion of the standard curve. Alternatively, create a standard curve by analyzing the data using a software program capable of generating a four parameter logistic (4PL) curve fit. The amount of tPA in the unknowns can be determined from this curve. If samples have been diluted, the calculated concentration must be multiplied by the dilution factor.

A typical standard curve (EXAMPLE ONLY):



EXPECTED VALUES

The concentration level of endogenous tPA antigen in murine plasma has been reported to be 2.5+/-1.0 ng/ml [15].

In house testing of pooled normal mouse plasma in citrate indicates tPA levels vary by mouse strain:

| Strain | Active tPA | Total tPA |
|----------|------------|-----------|
| NSA/CF-1 | 9.9 ng/ml | 9.4 ng/ml |
| C57BL6 | 1.4 ng/ml | 2.4 ng/ml |
| CD-1 | 0.4 ng/ml | 0.4 ng/ml |

Abnormalities in tPA levels have been reported in the following condition:

- Venous Thrombosis: Endogenous tPA plays a key role in restoring cerebral blood flow and limiting infarct size after thrombosis [6].
- Spinal Cord Contusion: Suppression of tPA production may help decrease secondary injury after spinal cord injury [1].
- Ischemic Diseases: tPA may attenuate neuronal injury after mild focal cerebral ischemia [5]. tPA may be involved in the regulation of blood vessel tone, which may affect the course of ischemic diseases [3].

- Bone Formation: A decreased in tPA may result in an increase of bone formation [14].
- Diabetic Retinopathy: Increased tPA levels have been associated with proliferative diabetic retinopathy [8].
- Adipose Tissue Development: A decrease in tPA may increase the development of adipose tissue in diet-induced obesity [11].
- Stress-induced Anxiety: tPA is critical for the development of anxiety-like behavior after stress [12].

PERFORMANCE CHARACTERISTICS

Sensitivity: The minimum detectable dose (MDD) was determined by adding two standard deviations to the mean optical density value of twenty zero standard replicates (range OD₄₅₀: 0.065-0.072) and calculating the corresponding concentration. The MDD was 0.035ng/ml.

Intra-assay Precision: Three samples of known concentration were tested twenty times on one plate to assess intra-assay precision.

| Sample | 1 | 2 | 3 |
|--------------------|------|------|------|
| n | 20 | 20 | 20 |
| Mean (ng/ml) | 0.48 | 3.16 | 11.8 |
| Standard Deviation | 0.03 | 0.08 | 0.67 |
| CV (%) | 5.60 | 2.50 | 5.64 |

Inter-assay Precision: Three samples of known concentration were tested in ten independent assays to assess inter-assay precision.

| Sample | 1 | 2 | 3 |
|--------------------|-------|-------|------|
| n | 10 | 10 | 10 |
| Mean (ng/ml) | 0.247 | 2.17 | 22.5 |
| Standard Deviation | 0.014 | 0.065 | 1.08 |
| CV (%) | 5.46 | 2.98 | 4.81 |

Recovery: The recovery of antigen spiked to levels throughout the range of the assay in blocking buffer was evaluated.

| Sample | 1 | 2 | 3 | 4 |
|--------------------|--------|----------|---------|---------|
| n | 4 | 4 | 4 | 4 |
| Mean (ng/ml) | 0.28 | 1.66 | 9.05 | 19.26 |
| Average % Recovery | 94 | 93 | 101 | 96 |
| Range | 90-97% | 103-114% | 96-104% | 93-101% |

Linearity: These studies are currently in progress. Please contact us for more information.

Specificity: Pooled normal plasma from human, dog, sheep, horse, rhesus monkey, cyno monkey were assayed and no significant cross-reactivity was observed. Pooled normal plasma from rat, rabbit, and pig serum were assayed and some cross-reactivity was observed.

DISCLAIMER

This information is believed to be correct but does not claim to be all-inclusive and shall be used only as a guide. The supplier of this kit shall not be held liable for any damage resulting from handling of or contact with the above product.

REFERENCES

1. Abe Y, *et al.*: J Neurotrauma. 2003, 20(1):43-57.
2. Tsirka E, *et al.*: Biochem Soc Trans. 2001, 30:222-225.

3. Nassar T, *et al.*: Blood. 2004, 103(3):897-902.
4. Fernandez-Monreal M, *et al.*: Mol Cell Neurosci. 2004, 25(4):594-601.
5. Kilic E, *et al.*: Neuroreport. 2004, 15(4):687-689.
6. Atochin DN, *et al.*: Stroke. 2004, 35(9):2177-82.
7. Yepes M, *et al.*: J Clin Invest. 2002, 109(12):1571-1578.
8. Rakic JM, *et al.*: Invest Ophthalmol Vis Sci. 2003, 44(4):1732-9.
9. Tsirka SE: J Mol Med. 1997,75(5):341-7.
10. Calabresi P, *et al.*: Eur J Neurosci. 2000, 12(3):1002-12.
11. Morange PE, *et al.*: Thromb Haemost. 2002, 87(2):306-10.
12. Pawlak R, *et al.*: Nat Neurosci. 2003, 6(2):168-74.
13. Buessecker F, *et al.*: J Immunol Meth. 1993, 162(2):193-200.
14. Daci E, *et al.*: JBMR. 2003, 18(7):1167.
15. Declerck PJ, *et al.*: Thromb Haemostas. 1995, 74(5):1305-9.

Example of ELISA Plate Layout

96 Well Plate: 20 Standard wells, 76 Sample wells

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|--------------|---------------|--------------|------------|------------|------------|-------------|-------------|-------------|----|----|
| A | 0 | 0.1 ng/ml | 0.25 ng/ml | 0.5 ng/ml | 1 ng/ml | 2 ng/ml | 5 ng/ml | 10 ng/ml | 25 ng/ml | 50 ng/ml | | |
| B | 0 | 0.1 ng/ml | 0.25 ng/ml | 0.5 ng/ml | 1 ng/ml | 2 ng/ml | 5 ng/ml | 10 ng/ml | 25 ng/ml | 50 ng/ml | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |