



PRODUCT INFORMATION & MANUAL

Human ACE-2 Valukine™ ELISA

Catalog Number: VAL144

For the quantitative determination of natural and recombinant
human ACE-2 concentrations

For research use only.
Not for diagnostic or therapeutic procedures.

Bio-Techne China Co. Ltd

P: +86 (21) 52380373 P: 8009881270 F: +86 (21) 52381001
info.cn@bio-techne.com

Please refer to the kit label for expiry date.
Novus kits are guaranteed for 3 months from date of receipt

Version 202408.4

TABLE OF CONTENTS

I. BACKGROUND	2
II. OVERVIEW	3
III. ADVANTAGES	4
IV. EXPERIMENT	7
V. KIT COMPONENTS AND STORAGE	8
VI. PREPARATION	11
VII. ASSAY PROCEDURE	14
VIII. REFERENCES	16

I. BACKGROUND

Angiotensin I Converting Enzyme (ACE-2), also called ACEH (ACE homologue), is a dimeric, zinc-dependent metalloprotease of the ACE family that also includes somatic and germinal ACE (1, 2). Full length ACE-2 protein includes an extracellular region composed of a single N-terminal peptidase domain and C-terminal collectrin-like domain (CLD), a transmembrane domain, and a short cytoplasmic tail (3). The N-terminal peptidase region is required for binding to SARS-CoV and SARSCoV2 spike proteins, while the CLD contains a region that promotes dimerization and association with amino acid transporters (2). The peptidase domain contains a long deep cleft that undergoes a large hinge-bending movement at substrate and inhibitor binding (3). Classical ACE inhibitors such as captopril and lisinopril do not inhibit ACE-2 activity and inhibitors of ACE-2 do not inhibit ACE activity (4). ACE-2 mRNA is found at high levels in heart, testis, and kidney and at lower levels in a wide variety of tissues (1, 5). ACE-2 is the SARS-CoV and SARS-CoV2 Spike protein receptor *in vivo*, functions catalytically as a carboxypeptidase to cleave several substrates including angiotensins I and II, and acts as a partner for B0AT1-family amino acid transporters (1, 2, 6-8). Through these functions, ACE-2 has been shown to be involved in several diseases including SARS, COVID19, acute lung injury, heart disease, liver and lung fibrosis, inflammatory lung disease, and cardiopulmonary disease (6, 9-13).

II. OVERVIEW

A. PRINCIPLE OF THE ASSAY

This assay employs the quantitative sandwich enzyme immunoassay technique. An antibody specific for human ACE-2 has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any human ACE-2 present is bound by the immobilized antibody. After washing away any unbound substances, a biotinylated detection antibody specific for human ACE-2 is pipetted into the wells. After washing away any unbound substances, Streptavidin-HRP is pipetted into the wells. Following a wash to remove any unbound reagent, TMB substrate (Chromogenic agent) is added to the wells and color develops in proportion to the amount of human ACE-2 bound in the initial step. The color development is stopped, and the intensity of the color is measured.

B. LIMITATIONS OF THE PROCEDURE

- **FOR RESEARCH USE ONLY NOT FOR USE IN DIAGNOSTIC PROCEDURES.**
- This kit is suitable for cell culture supernate, human serum and human plasma.
- 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.
- If samples generate values higher than the highest standard, dilute the samples with Calibrator Diluent (1×) and repeat the assay.
- Any variation in operator, pipetting technique, washing technique, incubation time or temperature, and kit age can cause variation in binding.

III. ADVANTAGES

A. PRECISION

Intra-assay Precision (Precision within an assay)

Three samples were tested twenty times on one plate to assess intra-assay precision.

Inter-assay Precision (Precision between assays)

Three samples were tested in twenty separate assays to assess inter-assay precision.

Sample	Intra-assay Precision			Inter-assay Precision		
	1	2	3	1	2	3
Mean (pg/mL)	632.6	2296.0	8910.6	644.5	2340.7	9049.1
Standard Deviation	16.1	85.1	416.0	25.9	112.7	427.7
CV%	2.5	3.7	4.7	4.0	4.8	4.7

B. RECOVERY

The recovery of human ACE-2 spiked to levels throughout the range of the assay in various matrices was evaluated.

Sample Type	Average % Recovery	Range (%)
Cell culture media (n=4)	110.0	106.8-111.9
Human serum (n=4)	105.3	96.0-115.0
Human plasma (n=4)	114.3	111.2-119.7

C. SENSITIVITY

The minimum detectable dose (MDD) of human ACE-2 is typically less than 6.023 pg/mL.

The MDD was determined by adding two standard deviations to the mean optical density value of twenty zero standard replicates and calculating the corresponding concentration.

D. CALIBRATION

This immunoassay is calibrated against a highly purified NS0-expressed recombinant human ACE-2 produced at R&D Systems.

E. LINEARITY

To assess the linearity of the assay, different samples were containing or spiked with high concentrations of human ACE-2 and diluted with Calibrator Diluent (1×) to produce samples with values within the dynamic range of the assay.

Dilution		Cell culture media (n=4)	Human serum (n=4)	Human plasma (n=4)
1:2	Average % of Expected	94.6	103.1	102.4
	Range (%)	87.4-100.8	100.0-107.0	100.9-104.9
1:4	Average % of Expected	93.3	106.1	101.9
	Range (%)	87.0-96.5	101.8-108.3	101.4-102.5
1:8	Average % of Expected	93.8	105.9	104.7
	Range (%)	91.5-95.7	103.3-109.0	100.4-109.3
1:16	Average % of Expected	89.1	108.1	104.0
	Range (%)	86.6-92.5	103.4-111.9	98.8-110.8

F. SAMPLE VALUES

Human serum - Four human serum samples were evaluated for the presence of human ACE-2 in this assay. All samples measured ranged from 789.6 to 2258.4 pg/mL with an average of 1716.2 pg/mL.

Human plasma - Four human plasma samples were evaluated for the presence of human ACE-2 in this assay. All samples measured ranged from 586.2 to 910.2 pg/mL with an average of 764.1 pg/mL.

G. SPECIFICITY

The following factors prepared at 200 ng/mL were assayed and exhibited no cross-reactivity or interference.

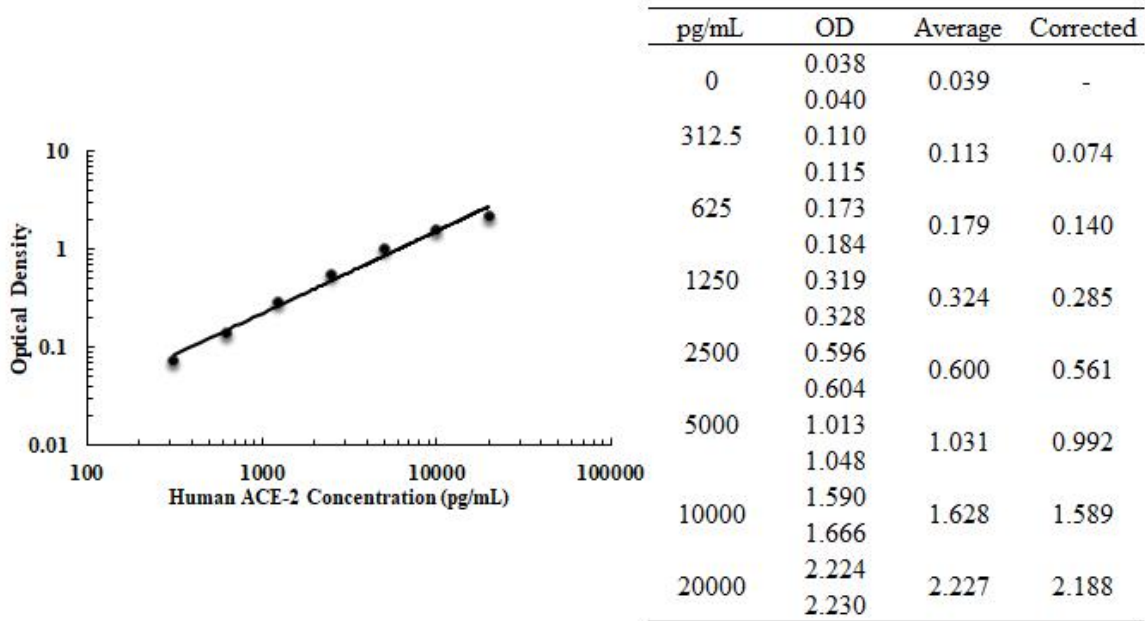
Recombinant human	Recombinant Mouse
ACE	ACE
Angiotensinogen	
HAT	Recombinant Rat
IFN- γ	ACE
IL-4	
Neprilysin	Peptides
Renin	Angiotensin I
TACE/ADAM17	Angiotensin II

A sample containing 50ng/mL of recombinant mouse ACE-2 reads as 3.3 ng/mL (6.6% cross reactivity)

IV. EXPERIMENT

EXAMPLE STANDARD

The standard curve is provided for demonstration only. A standard curve should be generated for each set of samples assayed.



V. KIT COMPONENTS AND STORAGE

A. MATERIALS PROVIDED

Parts	Description	Size
Human ACE-2 Microplate	96 well polystyrene microplate (12 strips of 8 wells) coated with an antibody against human ACE-2.	1 plate
Human ACE-2 Standard	Recombinant human ACE-2 in a buffered protein base; lyophilized. Refer to the vial label for reconstitution volume.	2 vials
Human ACE-2 Detection Antibody	Biotinylated human ACE-2 antibody, lyophilized. Refer to the vial label for reconstitution volume.	1 vial
Calibrator Diluent (4×)	A 4× concentrated buffered diluent used to dilute standard and samples.	1 vial
Detection Antibody Diluent (4×)	A 4× concentrated buffered diluent used to dilute detection antibody.	1 vial
Streptavidin-HRP B (40×)	40× Streptavidin conjugated to horseradish peroxidase.	1 vial
Reagent Diluent (10×)	A 10× concentrated buffered protein base used to dilute HRP.	1 vial
Wash Buffer Concentrate (25×)	A 25× concentrated solution of buffered surfactant with preservatives.	1 vial
TMB Substrate	TMB ELISA Substrate Solution/TMB Substrate Solution	1 vial
Stop Solution	2 N sulfuric acid.	1 vial
Plate Sealers	Adhesive strip.	3 strips

B. STORAGE

Unopened Kit	Store at 2-8 °C. Do not use past kit expiration date.	
Opened/ Reconstituted Reagents	Streptavidin-HRP B	May be stored for up to 1 month at 2-8 °C.*
	Wash Buffer (1×)	
	TMB Substrate	
	Stop Solution	
	Standard	Prepare fresh for each assay. Standards may be stored for up to 1 month at -20 °C *.
	Detection Antibody	Aliquot and store for up to 1 month at -20 °C in a manual defrost freezer. *
	Calibrator Diluent (4×)	May be stored for up to 1 month at 2-8 °C.* Use and discard diluted Calibrator Diluent (1×). Prepare fresh for each assay.
	Detection Antibody Diluent (4×)	May be stored for up to 1 month at 2-8 °C.* Use and discard diluted Detection Antibody Diluent (1×). Prepare fresh for each assay.
	Reagent Diluent (10×)	May be stored for up to 1 month at 2-8 °C.* Use and discard diluted Reagent Diluent (1×). Prepare fresh for each assay.
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.*	

* Provided this is within the expiration date of the kit.

C. OTHER SUPPLIES REQUIRED

- ◆ Microplate reader capable of measuring absorbance at 450 nm, with the correction wavelength set at 540 nm or 570 nm.
- ◆ Pipettes and pipette tips.
- ◆ Deionized or distilled water.
- ◆ Squirt bottle, manifold dispenser, or automated microplate washer.
- ◆ 500 mL graduated cylinder.

D. PRECAUTION

- ◆ Some components in this kit contain a preservative which may cause an allergic skin reaction. Avoid breathing mist.
- ◆ The Stop Solution provided with this kit is an acid solution. Wear protective gloves, clothing, eye, and face protection. Wash hands thoroughly after handling.

VI. PREPARATION

A. SAMPLE COLLECTION AND STORAGE

Cell Culture Supernates - Remove particulates by centrifugation and assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles. Samples may require dilution with Calibrator Diluent (1 \times).

Serum - Use a serum separator tube (SST) and allow samples to clot for 30 minutes at room temperature before centrifugation for 15 minutes at 1000 \times g. Remove serum and assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles. Samples may require dilution with Calibrator Diluent (1 \times).

Plasma - Collect plasma using EDTA, heparin, or citrate as an anticoagulant. Centrifuge for 15 minutes at 1000 \times g within 30 minutes of collection. Assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles. Samples may require dilution with Calibrator Diluent (1 \times).

B. SAMPLE PREPARATION

Human serum samples recommend a 2-fold dilution. A suggested 2-fold dilution is 100 μL of sample + 100 μL of Calibrator Diluent (1 \times). Optimal dilutions should be determined by the end user.

Human plasma samples recommend a 2-fold dilution. A suggested 2-fold dilution is 100 μL of sample + 100 μL of Calibrator Diluent (1 \times). Optimal dilutions should be determined by the end user.

C. REAGENT PREPARATION

Note: *Bring all reagents to room temperature before use.*

Wash Buffer (1 \times) - If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Dilute 20 mL of Wash Buffer Concentrate (25 \times) into deionized or distilled water to prepare 500 mL of Wash Buffer (1 \times).

Calibrator Diluent (1 \times) - Use deionized or distilled water to prepare Calibrator Diluent (1 \times).

Detection Antibody Diluent (1 \times) - Use deionized or distilled water to prepare Detection Antibody Diluent (1 \times).

Reagent Diluent (1×) - Use deionized or distilled water to prepare Reagent Diluent (1×).

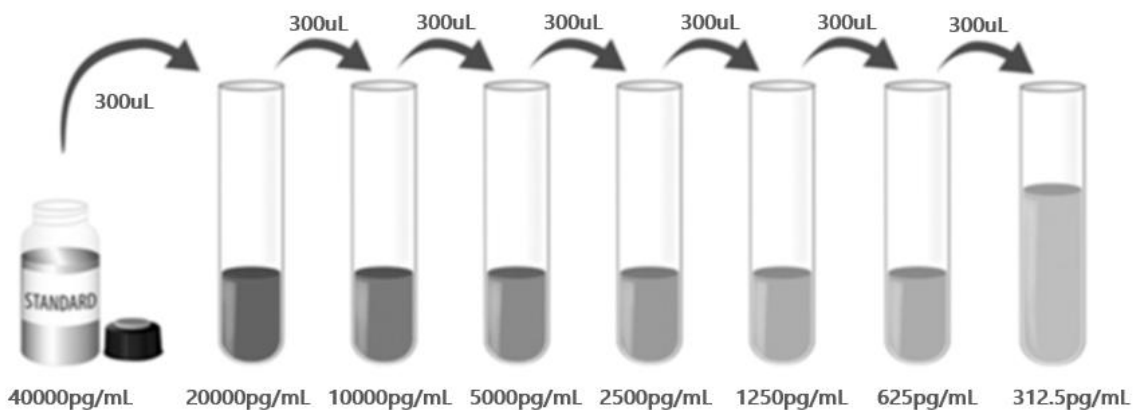
Detection Antibody (1×) - **Centrifuge briefly before opening. Reconstitution volume refer to vial label to prepare Detection Antibody (100×).** Allow the Detection Antibody to sit for a minimum of 15 minutes with gentle agitation prior to making dilutions. Aliquot and store if needed. Dilute to Detection Antibody (1×) with Detection Antibody Diluent (1×). Prepare at least 15 minutes prior to use.

Streptavidin-HRP B (1×) - **Centrifuge briefly before opening.** Dilute to the working concentration specified on the vial label using Reagent Diluent (1×).

Human ACE-2 Standard - Centrifuge briefly before opening. Refer to the vial label for the reconstitution volume*. This reconstitution produces a stock solution of 40000 pg/mL. Allow the standard to sit for a minimum of 15 minutes with gentle agitation prior to making dilutions.

*If you have any question, please seek help from our Technical Support.

Pipette 300 µL of the appropriate Calibrator Diluent (1×) into each tube. Use the stock solution to produce a dilution series (below). Mix each tube thoroughly before the next transfer. The 20000 pg/mL standard serves as the high standard. The Calibrator Diluent (1×) serves as the zero standard (0 pg/mL).



D. TECHNICAL HINTS

- When mixing or reconstituting protein solutions, always avoid foaming.
- To avoid cross-contamination, change pipette tips between additions of each standard level, between sample additions, and between reagent additions. Also, use separate reservoirs for each reagent.

- It is recommended that the samples be pipetted within 15 minutes.
- To ensure accurate results, proper adhesion of plate sealers during incubation steps is necessary.
- TMB Substrate should remain colorless until added to the plate. Keep TMB Substrate protected from light. TMB Substrate should change from colorless to gradations of blue.
- Stop Solution should be added to the plate in the same order as the TMB Substrate. The color developed in the wells will turn from blue to yellow upon addition of the Stop Solution. Wells that are green in color indicate that the Stop Solution has not mixed thoroughly with the TMB Substrate.

VII. ASSAY PROCEDURE

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

1. Prepare all reagents and working standards as directed in the previous sections.
2. Remove excess microplate strips from the plate frame, return them to the foil pouch containing the desiccant pack, and reseal.
3. Add 100 μ L of standard and prepared sample per well. Cover with the adhesive strip provided. **Incubate for 2 hours at room temperature.** A plate layout is provided for a record of standards and samples assayed. (Samples may require dilution. See Sample Preparation section.)
4. Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with Wash Buffer (400 μ L) 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.
5. Add 100 μ L of the Detection Antibody (1 \times) diluted in Detection Antibody Diluent (1 \times), to each well. Cover with a new adhesive strip and **incubate 2 hours at room temperature.**
6. Repeat the aspiration/wash as in step 4.
7. Add 100 μ L of the working dilution of Streptavidin-HRP B to each well. Cover the plate and **incubate for 20 minutes at room temperature. Avoid placing the plate in direct light.**
8. Repeat the aspiration/wash as in step 4.
9. Add 100 μ L of TMB Substrate to each well. **Incubate for 30 minutes at room temperature. Avoid placing the plate in direct light.**
10. Add 50 μ L of Stop Solution to each well. Gently tap the plate to ensure thorough mixing.
11. Determine the optical density of each well within 10 minutes, using a microplate 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.

12. **CALCULATION OF RESULTS**

Average the duplicate readings for each standard and sample and subtract the average zero standard optical density (O.D.). Create a standard curve by reducing the data using computer software capable of generating a four parameter logistic (4-PL) 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 human ACE-2 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.

VIII. REFERENCES

1. Kuba, K. et al. (2010) *Pharmacol. Ther.* 128:119.
2. Yan, et al. (2020) *Science* 367:1444.
3. Towler, P. et al. (2004) *J. Biol. Chem.* 279:17996.
4. Crackower, M.A. et al. (2002) *Nature* 417:822.
5. Tipnis, S.R. et al. (2000) *J. Biol. Chem.* 275:33238.
6. Kuba, K. et al. (2005) *Nature Med.* 11:875.
7. Hoffmann, M. et al. (2020) *Cell.*181:1.
8. Wrapp, et al. (2020) *Science* 367:1260.
9. Imai, Y. et al. (2005) *Nature* 436:112.
10. Huang, L. et al. (2003) *J. Biol. Chem.* 278:15532.
11. Schrom, E. et al. (2017) *Mol. Therapy Nuc. Acid* 7:350.
12. Jia, H. et al. (2016) *Shock.* 46:239.
13. Cole-Jeffrey, C.T. et al. (2015) *J. Cardiovasc. Pharmacol.* 66:540.

PLATE LAYOUT

Use this plate layout to record standards and samples assayed.

1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
	A	B	C	D	E	F	G	H



产品信息及操作手册

人 ACE-2 Valukine™ ELISA 试剂盒

目录号: **VAL144**

适用于定量检测天然和重组人 ACE-2 的浓度

科研专用, 不可用于临床诊断

Bio-Techne China Co. Ltd

P: +86 (21) 52380373 P: 8009881270 F: +86 (21) 52381001

info.cn@bio-techne.com

有效期详见试剂盒包装标签

Novus 试剂盒确保在你收货日期 3 个月内有效

版本号 202408.4

目录

I. 背景.....	20
II. 概述.....	21
III. 优势.....	22
IV. 实验.....	24
V. 试剂盒组成及储存.....	25
VI. 实验前准备.....	27
VII. 操作步骤.....	29
VIII. 参考文献.....	30

I. 背景

血管紧张素I转换酶(ACE-2), 也称为ACE (ACE同系物), 是ACE家族的二聚体、锌依赖性金属蛋白酶, 其家族也包括体细胞ACE和生殖细胞ACE (1, 2)。全长ACE-2蛋白包括一个由单个N-端肽酶结构域和C-端集合样结构域(CLD)组成的胞外区域、一个跨膜结构域和一个短的细胞质尾(3)。N-端肽酶区域是与SARS-CoV和SARS-CoV-2 spike蛋白结合所必需的, 而CLD包含一个促进二聚化和与氨基酸转运体结合的区域(2)。肽酶结构域包含一个长而深的裂隙, 该位点在底物和抑制剂结合时经历一个大的“铰链弯曲”运动(3)。经典的ACE抑制剂如卡托普利和赖诺普利不能抑制ACE-2的活性, ACE-2的抑制剂也不能抑制ACE的活性(4)。ACE-2 mRNA在心脏、睾丸和肾脏中含量较高, 在其他多种组织中表达水平较低(1, 5)。ACE-2是体内SARS-CoV和SARS-CoV-2 Spike蛋白受体, 作为一种羧肽酶催化裂解包括血管紧张素I和II在内的几种底物, 并作为B0AT1家族氨基酸转运蛋白的伙伴(1, 2, 6-8)。通过这些功能, 已证实ACE-2参与了多种疾病, 包括SARS、COVID19、急性肺损伤、心脏病、肝和肺纤维化、炎症性肺病和心肺疾病(6, 9-13)。

II. 概述

A. 检测原理

本实验采用双抗体夹心ELISA法。抗人ACE-2抗体包被于微孔板上，样品和标准品中的人ACE-2会与固定在板上的抗体结合，游离的成分被洗去；接着加入生物素化的抗人ACE-2检测抗体进行孵育，洗涤去除未结合的物质后，加入链霉亲和素标记的辣根过氧化物酶（Streptavidin-HRP）孵育。洗涤去除未结合的试剂后，加入TMB底物溶液（显色剂）。溶液颜色与结合的目标蛋白成正比；加入终止液；用酶标仪测定吸光度。

B. 检测局限

- ◆ 仅供科研使用，不可用于体外诊断；
- ◆ 该试剂盒适用于细胞培养上清样本、人血清样本和人血浆样本；
- ◆ 请在试剂盒有效期内使用；
- ◆ 不同试剂盒及不同批号试剂盒的组分不能混用；
- ◆ 样本值若大于标准曲线的最高值，应将样本用标准品稀释液（1×）稀释后重新检测；
- ◆ 检测结果的不同可由多种因素引起，包括实验人员的操作、移液器的使用方式、洗板技术、反应时间或温度、试剂盒的效期等。

III. 优势

A. 精确度

板内精确度（同一板内不同孔间的精确度）

已知浓度的三个样本，在同一板内分别检测20次，以确定板内精确度。

板间精确度（不同板之间的精确度）

已知浓度的三个样本，在不同板中分别检测20次，以确定板间精确度。

样本	板内精确度			板间精确度		
	1	2	3	1	2	3
平均值 (pg/mL)	632.6	2296.0	8910.6	644.5	2340.7	9049.1
标准差	16.1	85.1	416.0	25.9	112.7	427.7
CV%	2.5	3.7	4.7	4.0	4.8	4.7

B. 回收率

不同的样本中掺入检测范围内不同水平的人ACE-2，测定其回收率。

样本类型	平均回收率 (%)	范围 (%)
细胞培养基 (n=4)	110.0	106.8-111.9
人血清 (n=4)	105.3	96.0-115.0
人血浆 (n=4)	114.3	111.2-119.7

C. 灵敏度

人ACE-2的最低可测剂量（MDD）一般小于6.023 pg/mL。

MDD是根据20个重复的零标准品孔的吸光度值的平均值加两倍标准差计算得到的相对应浓度。

D. 校正

此ELISA试剂盒经由R&D Systems生产的NS0细胞表达的高纯度重组人ACE-2蛋白所校正。

E. 线性

不同的样本中含有或掺入高浓度的人ACE-2，然后用标准品稀释液（1×）将样本稀释到检测范围内，测定其线性。

稀释倍数		细胞培养基 (n=4)	人血清(n=4)	人血浆 (n=4)
1:2	平均值/期待值 (%)	94.6	103.1	102.4
	范围 (%)	87.4-100.8	100.0-107.0	100.9-104.9
1:4	平均值/期待值 (%)	93.3	106.1	101.9
	范围 (%)	87.0-96.5	101.8-108.3	101.4-102.5
1:8	平均值/期待值 (%)	93.8	105.9	104.7
	范围 (%)	91.5-95.7	103.3-109.0	100.4-109.3
1:16	平均值/期待值 (%)	89.1	108.1	104.0
	范围 (%)	86.6-92.5	103.4-111.9	98.8-110.8

F. 样本预值

人血清样本 - 使用本试剂盒检测了4份人血清样本中人ACE-2的水平。所有样本的检测值在 789.6 -2258.4 pg/mL之间，平均值为1716.2 pg/mL。

人血浆样本 - 使用本试剂盒检测了4份人血浆样本中人ACE-2的水平。所有样本的检测值在 586.2 -910.2 pg/mL之间，平均值为764.1 pg/mL。

G. 特异性

将以下因子配制成200 ng/mL的浓度来检测没有观察到明显的交叉反应或干扰。

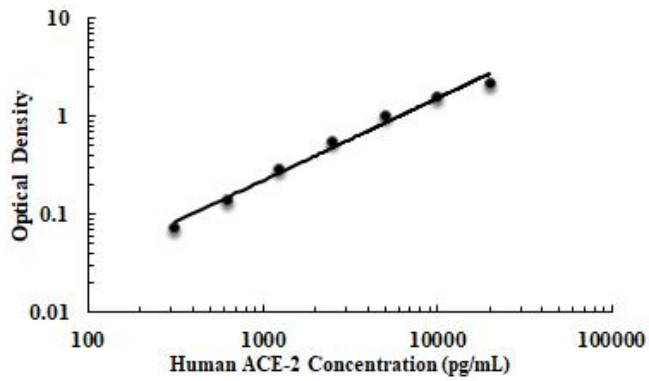
Recombinant human	Recombinant Mouse
ACE	ACE
Angiotensinogen	
HAT	Recombinant Rat
IFN- γ	ACE
IL-4	
Neprilysin	Peptides
Renin	Angiotensin I
TACE/ADAM17	Angiotensin II

含有50 ng/mL重组小鼠ACE-2的样本检测值为3.3 ng/mL (6.6%交叉反应)

IV. 实验

标准曲线实例

该标准曲线数据仅供参考，每次实验应绘制其对应的标准曲线。



pg/mL	OD	Average	Corrected
0	0.038 0.040	0.039	-
312.5	0.110 0.115	0.113	0.074
625	0.173 0.184	0.179	0.140
1250	0.319 0.328	0.324	0.285
2500	0.596 0.604	0.600	0.561
5000	1.013 1.048	1.031	0.992
10000	1.590 1.666	1.628	1.589
20000	2.224 2.230	2.227	2.188

V. 试剂盒组成及储存

A. 试剂盒组成

组成	描述	规格
Human ACE-2 Microplate	包被抗人 ACE-2 抗体的 96 孔聚苯乙烯板，8 孔×12 条	1 块板
Human ACE-2 Standard	人 ACE-2 标准品（冻干粉），参考瓶身标签进行重溶	2 瓶
Human ACE-2 Detection Antibody	生物素化的抗人 ACE-2 检测抗体，冻干粉，参考瓶身标签进行重溶	1 瓶
Calibrator Diluent (4×)	浓缩的标准品稀释液（4×）用于稀释标准品和样本	1 瓶
Detection Antibody Diluent (4×)	浓缩的检测抗体稀释液（4×）用于稀释检测抗体	1 瓶
Streptavidin-HRP B (40×)	40×浓缩的链霉亲和素标记的 HRP	1 瓶
Reagent Diluent (10×)	浓缩的试剂稀释液（10×）用于稀释 HRP	1 瓶
Wash Buffer Concentrate (25×)	浓缩洗涤缓冲液（25×）	1 瓶
TMB Substrate	TMB ELISA 底物溶液/TMB 底物溶液	1 瓶
Stop Solution	终止液	1 瓶
Plate Sealers	封板膜	3 张

B. 试剂盒储存

未开封试剂盒	2-8℃储存；请在试剂盒有效期内使用	
已打开，稀释或重溶的试剂	链霉亲和素-HRP B	2-8℃储存，最多 30 天*
	洗涤液（1×）	
	TMB 底物溶液	
	终止液	
	标准品	使用时新鲜配制* 标准品-20℃储存，最多 30 天*
	检测抗体	分装，-20℃储存，最多 30 天*
	标准品稀释液（4×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×标准品稀释液，多余的丢弃
	检测抗体稀释液（4×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×检测抗体稀释液，多余的丢弃
	试剂稀释液（10×）	2-8℃储存，最多 30 天* 请每次使用新鲜配制的 1×试剂稀释液，多余的丢弃
	包被的微孔板条	将未用的板条放回带有干燥剂的铝箔袋内，密封：2-8℃储存，最多 30 天*

*必须在试剂盒有效期内

C. 实验所需自备试验器材

- ◆ 酶标仪（可测量450 nm检测波长的吸收值及540 nm或570 nm校正波长的吸收值）
- ◆ 高精度加液器及一次性吸头
- ◆ 蒸馏水或去离子水
- ◆ 洗瓶（喷瓶）、多通道洗板器或自动洗板机
- ◆ 500 mL量筒

D. 注意事项

- ◆ 试剂盒中的一些组分含有防腐剂，可能引起皮肤过敏反应，避免吸入。
- ◆ 试剂盒中的终止液是酸性溶液，使用时请做好眼睛、手、面部及衣服的保护。使用后请彻底洗手。

VI. 实验前准备

A. 样品收集及储存

细胞培养上清液：颗粒物应离心去除；立刻检测样本。样本收集后若不及时检测，需按一次使用量分装，冻存于 $\leq -20^{\circ}\text{C}$ 冰箱内，避免反复冻融。样本可能需要用标准品稀释液（1×）稀释。

血清样本：用血清分离管(SST)分离血清。使血样室温凝集30分钟，然后 $1000 \times g$ 离心15分钟。吸取血清样本之后即刻用于检测，或者分装， $\leq -20^{\circ}\text{C}$ 贮存备用。避免反复冻融。样本可能需要用标准品稀释液（1×）稀释。

血浆样本：使用EDTA、肝素钠或枸橼酸钠作为抗凝剂收集血浆。然后 $1000 \times g$ 离心15分钟，需在30分钟内收集血浆样本之后即刻用于检测，或者分装， $\leq -20^{\circ}\text{C}$ 贮存备用。避免反复冻融。样本可能需要用标准品稀释液（1×）稀释。

B. 样本准备工作

人血清样本建议用标准品稀释液（1×）2倍稀释后进行检测，例如：100 μL 样本+100 μL 标准品稀释液（1×）。最佳稀释度应由最终用户确定。

人血浆样本建议用标准品稀释液（1×）2倍稀释后进行检测，例如：100 μL 样本+100 μL 标准品稀释液（1×）。最佳稀释度应由最终用户确定。

C. 检测前准备工作

使用前请将所有试剂放置于室温

洗涤液（1×）：从冰箱中取出的浓缩洗涤液可能有结晶，属于正常现象；放置室温，轻摇混匀，待结晶完全溶解后再配制洗涤液。可将20 mL浓缩洗涤液（25×）用蒸馏水或去离子水稀释配制成 500 mL工作浓度的洗涤液（1×）。

标准品稀释液（1×）：使用蒸馏水或去离子水稀释配制成标准品稀释液（1×）。

检测抗体稀释液（1×）：使用蒸馏水或去离子水稀释配制成检测抗体稀释液（1×）。

试剂稀释液（1×）：使用蒸馏水或去离子水稀释配制成试剂稀释液（1×）。

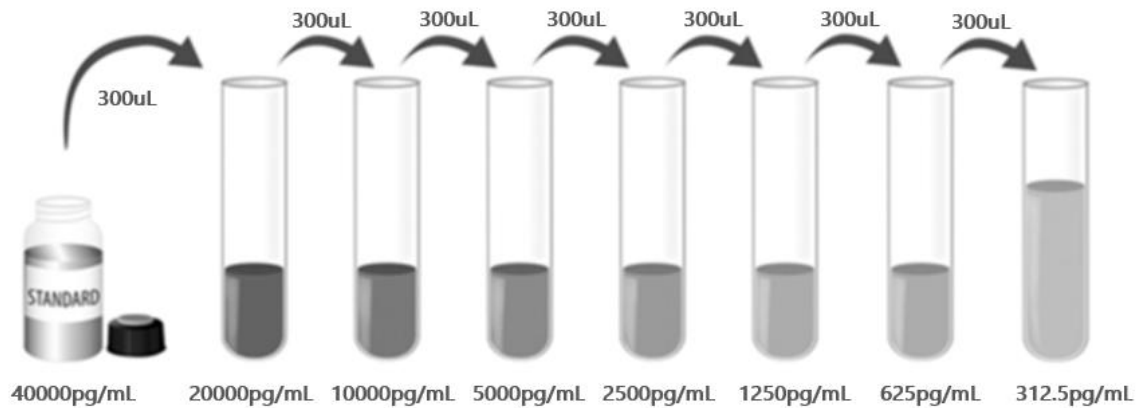
检测抗体（1×）：开盖前请瞬时离心。参考检测抗体瓶标签重溶冻干粉，制备检测抗体（100×）。轻轻震摇至少15分钟，其充分溶解。如有需要分装保存。用检测抗体稀释液（1×）稀释至检测抗体（1×），至少在使用前15分钟准备。

链霉亲和素-HRP B（1×）：开盖前请瞬时离心。用试剂稀释液（1×）将链霉亲和素-HRP B（40×）稀释至工作浓度。

人ACE-2标准品：开盖前请瞬时离心。冻干标准品的重溶体积请参考瓶身标签，得到浓度为 40000 pg/mL标准品母液。轻轻震荡至少15分钟，使其充分溶解。

*如有疑问，请咨询我们的技术支持。

向各稀释管中加入300 μ L标准品稀释液（1 \times ）。将标准品母液参照下图做系列稀释，每管须充分混匀后再移液到下一管。20000 pg/mL管作标准曲线最高点，标准品稀释液（1 \times ）可用作标准品零点（0 pg/mL）。



D. 技术小提示

- ◆ 当混合或重溶蛋白液时，尽量避免起沫；
- ◆ 为了避免交叉污染，配制不同浓度标准品、上样、加不同试剂都需要更换枪头。另外不同试剂请分别使用不同的移液槽；
- ◆ 建议15分钟内完成一块板的上样；
- ◆ 每次孵育时，正确使用封板膜可保证结果的准确性；
- ◆ TMB底物溶液在上板前应为无色，请避光保存；加入微孔板后，将由无色变成不同深度的蓝色；
- ◆ 终止液上板顺序应同TMB底物溶液上板顺序一致；加入终止液后，孔内颜色由蓝变黄；若孔内有绿色，则表明孔内液体未混匀，请充分混合。

VII. 操作步骤

使用前请将所有试剂和样本放置于室温，建议所有的实验样本和标准品做复孔检测

1. 按照上一节的说明，准备好所有需要的试剂和标准品；
2. 从已平衡至室温的密封袋中取出微孔板，未用的板条请放回铝箔袋内，重新封口；
3. 分别将不同浓度标准品和实验样本加入相应孔中，每孔100 μL 。用封板膜封住反应孔，**室温孵育2小时**。说明书提供了一张96孔模板图，可用于记录标准品和试验样本的板内位置；（样本需要稀释，详情参见样本制备部分。）
4. 将板内液体吸去，使用洗瓶、多通道洗板器或自动洗板机洗板。每孔加洗涤液400 μL ，然后将板内洗涤液吸去。重复操作3次，共洗4次。每次洗板尽量吸去残留液体会有助于得到好的实验结果。最后一次洗板结束，请将板内所有液体吸干或将板倒置，在吸水纸拍干所有残留液体；
5. 在每个微孔内加入100 μL 配制好的检测抗体（1 \times ）。用封板膜封住反应孔，**室温孵育2小时**；
6. 重复第4步洗板操作；
7. 在每个微孔内加入100 μL 稀释好的链霉亲和素- HRP B工作液。用封板膜封住反应孔，**室温孵育20分钟，注意避光**；
8. 重复第4步洗板操作；
9. 在每个微孔内加入100 μL TMB底物溶液，**室温孵育30分钟，注意避光**；
10. 在每个微孔内加入50 μL 终止液，请轻拍微孔板，使溶液混合均匀。
11. 加入终止液后10分钟内，使用酶标仪测量450 nm的吸光度值，设定540 nm或570 nm作为校正波长。如果波长校正不可用，以450 nm的读数减去540 nm或570 nm的读数。这种减法将校正酶标板上的光学缺陷。没有校正而直接在450 nm处进行的读数可能会更高且更不准确；
12. **计算结果**：将每个标准品和样品的复孔吸光值取平均值，然后减去零标准品平均OD值（O.D.），使用计算机软件作四参数逻辑（4-PL）曲线拟合创建标准曲线。另一替代方法是，通过绘制y轴上每个标准品的平均吸光值与x轴上的浓度来构建标准曲线，并通过图上的点绘制最佳拟合曲线。数据可以通过绘制人ACE-2浓度的对数与O.D.的对数来线性化，并且最佳拟合线可以通过回归分析来确定。该程序将产生足够但不太精确的数据拟合。

如果样品被稀释，从标准曲线读取的浓度必须乘以稀释倍数。

VIII. 参考文献

1. Kuba, K. et al. (2010) *Pharmacol. Ther.* 128:119.
2. Yan, et al. (2020) *Science* 367:1444.
3. Towler, P. et al. (2004) *J. Biol. Chem.* 279:17996.
4. Crackower, M.A. et al. (2002) *Nature* 417:822.
5. Tipnis, S.R. et al. (2000) *J. Biol. Chem.* 275:33238.
6. Kuba, K. et al. (2005) *Nature Med.* 11:875.
7. Hoffmann, M. et al. (2020) *Cell.*181:1.
8. Wrapp, et al. (2020) *Science* 367:1260.
9. Imai, Y. et al. (2005) *Nature* 436:112.
10. Huang, L. et al. (2003) *J. Biol. Chem.* 278:15532.
11. Schrom, E. et al. (2017) *Mol. Therapy Nuc. Acid* 7:350.
12. Jia, H. et al. (2016) *Shock.* 46:239.
13. Cole-Jeffrey, C.T. et al. (2015) *J. Cardiovasc. Pharmacol.* 66:540.

96 孔模板图

请使用 96 孔模板图来记录标准品及样本在板内的位置

