



PRODUCT INFORMATION & ELISA MANUAL

Coagulation Factor X Antibody Pair [HRP] *NBP2-79342*

Sample Insert for reference use only

Matched Antibody Pair utilized in an Enzyme-linked
Immunosorbent Assay for quantitative detection of
Human Coagulation Factor X.

For research use only.

Not for diagnostic or therapeutic procedures.

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Novus kits are guaranteed for 6 months from date of receipt

BACKGROUND

Coagulation factor X, also known as FX, F10, Eponym Stuart-Prower factor, and thrombokinase, is an enzyme of the coagulation cascade. It is one of the vitamin K-dependent serine proteases, and plays a crucial role in the coagulation cascade and blood clotting, as the first enzyme in the common pathway of thrombus formation. Factor X deficiency is one of the rarest of the inherited coagulation disorders. FX deficiency among the most severe of the rare coagulation defects, typically including hemarthroses, hematomas, and umbilical cord, gastrointestinal, and central nervous system bleeding. Factor X is synthesized in the liver as a mature heterodimer formed from a single-chain precursor, and vitamin K is essential for its synthesis. Factor X is activated into factor Xa (FXa) by both factor IX (with its cofactor, factor VIII in a complex known as intrinsic Xase) and factor VII (with its cofactor, tissue factor in a complex known as extrinsic Xase) through cleaving the activation propeptide. As the first member of the final common pathway or thrombin pathway, FXa converts prothrombin to thrombin in the presence of factor Va, Ca²⁺, and phospholipid during blood clotting and cleaves prothrombin in two places (an arg-thr and then an arg-ile bond). This process is optimized when factor Xa is complexed with activated cofactor V in the prothrombinase complex. Inborn deficiency of factor X is very uncommon, and may present with epistaxis (nose bleeds), hemarthrosis (bleeding into joints) and gastrointestinal blood loss. Apart from congenital deficiency, low factor X levels may occur occasionally in a number of disease states. Furthermore, factor X deficiency may be seen in amyloidosis, where factor X is adsorbed to the amyloid fibrils in the vasculature.

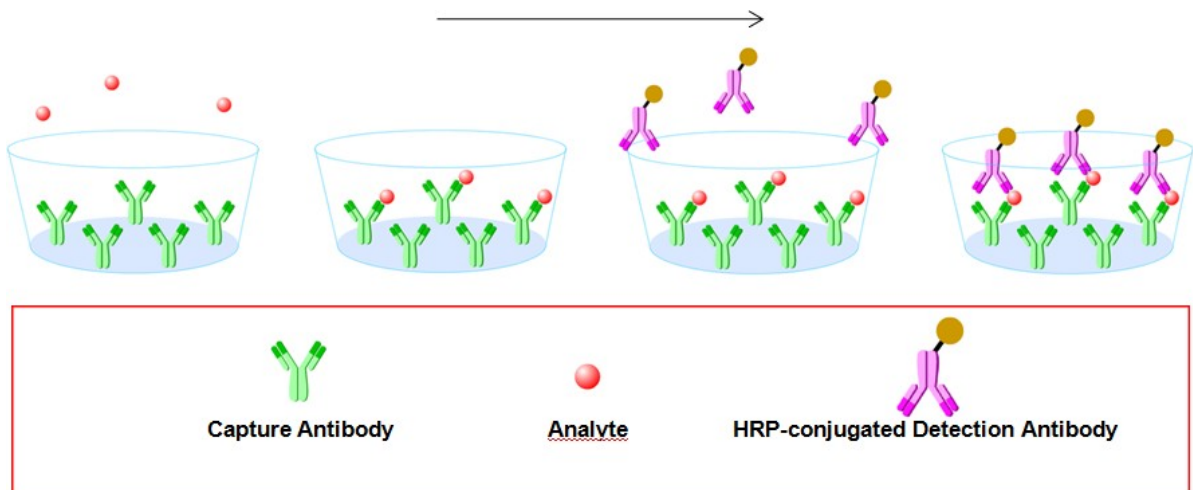
PRINCIPLE OF THE TEST

The Novus Biologicals Coagulation Factor X Antibody Pair [HRP] is a solid phase sandwich ELISA (Enzyme-Linked Immunosorbent Assay). It utilizes a monoclonal antibody specific for Human Coagulation Factor X coated on a 96- well plate. Standards and samples are added to the wells, and any Human Coagulation Factor X present binds to the immobilized antibody. The wells are washed and a horseradish peroxidase conjugated rabbit anti-Human Coagulation Factor X monoclonal antibody is then added, producing an antibody-antigen-antibody "sandwich". The wells are again washed and TMB substrate solution is loaded, which produces color in proportion to the amount of Human Coagulation Factor X present in the sample. To end the enzyme reaction, the stop solution is added and absorbances of the microwell are read at 450 nm.

INTENDED USE

- ◆ The Human Coagulation Factor X Antibody Pair [HRP] is for the quantitative determination of Human Coagulation Factor X.
- ◆ This Coagulation Factor X Antibody Pair [HRP] contains the basic components required for the development of sandwich ELISAs.

ASSAY PROCEDURE SUMMARY



This antibody pair has been configured for research use only and is not to be used in diagnostic procedures.

MATERIALS PROVIDED

Bring all reagents to room temperature before use.

Capture Antibody – 1 mg/mL of mouse anti-Human Coagulation Factor X monoclonal antibody (in PBS, pH 7.4). Dilute to a working concentration of 2 µg/mL in PBS before coating.

Detection Antibody – 0.2 mg/mL of rabbit anti-Human Coagulation Factor X monoclonal antibody conjugated to horseradish-peroxidase (HRP) (in PBS, 50 % HRP-Protector, pH 7.4, store at 4°C). Dilute to working concentration of 0.5 µg/mL in detection antibody dilution buffer before use.

Standard – Each vial contains 30 ng of recombinant Human Coagulation Factor X. Reconstitute with 1 mL detection antibody dilution buffer. After reconstitution, store at -20°C to -80°C in a manual defrost freezer. A seven-point standard curve using 2-fold serial dilutions in sample dilution buffer, and a high standard of 350 pg/mL is recommended.

SOLUTIONS REQUIRED

PBS - 136.9 mM NaCl, 10.1 mM Na₂HPO₄, 2.7 mM KCl, 1.8 mM KH₂PO₄, pH 7.4, 0.2 µm filtered

TBS - 20 mM Tris, 150 mM NaCl, pH 7.4

Wash Buffer - 0.05% Tween20 in TBS, pH 7.2 - 7.4

Blocking Buffer - 2% BSA in Wash Buffer

Sample dilution buffer - 0.1% BSA in wash buffer, pH 7.2 - 7.4, 0.2 µm filtered

Detection antibody dilution buffer - 0.5% BSA in wash buffer, pH 7.2 - 7.4, 0.2 µm filtered

Substrate Solution : To achieve best assay results, fresh substrate solution is recommended

Substrate stock solution - 10mg / ml TMB (Tetramethylbenzidine) in DMSO

Substrate dilution buffer - 0.05M Na₂HPO₄ and 0.025M citric acid ; adjust pH to 5.5

Substrate working solution - For each plate dilute 250 µl substrate stock solution in 25ml substrate dilution buffer and then add 80 µl 0.75% H₂O₂ , mix it well

Stop Solution - 2 N H₂SO₄

PRECAUTION

The Stop Solution suggested for use with this antibody pair is an acid solution. Wear eye, hand, face, and clothing protection when using this material.

STORAGE

Capture Antibody: Aliquot and store at -20°C to -80°C for up to 6 months from date of receipt. Avoid repeated freeze-thaw cycles.

Detection Antibody: Store at 4°C and protect it from prolonged exposure to light for up to 6 months from date of receipt. **DO NOT FREEZE!**

Standard: Store lyophilized standard at -20°C to -80°C for up to 6 months from date of receipt. Aliquot and store the reconstituted standard at -80°C for up to 1 month. Avoid repeated freeze-thaw cycles.

GENERAL ELISA PROTOCOL

Plate Preparation

1. Dilute the capture antibody to the working concentration in PBS. Immediately coat a 96-well microplate with 100 μ L per well of the diluted capture antibody. Seal the plate and incubate overnight at 4 $^{\circ}$ C.
2. Aspirate each well and wash with at least 300 μ l wash buffer, repeating the process two times for a total of three washes. Complete removal of liquid at each step is essential for good performance. After the last wash, remove any remaining wash buffer by inverting the plate and blotting it against clean paper towels.
3. Block plates by adding 300 μ L of blocking buffer to each well. Incubate at room temperature for a minimum of 1 hour.
4. Repeat the aspiration/wash as in step 2. The plates are now ready for sample addition.

Assay Procedure

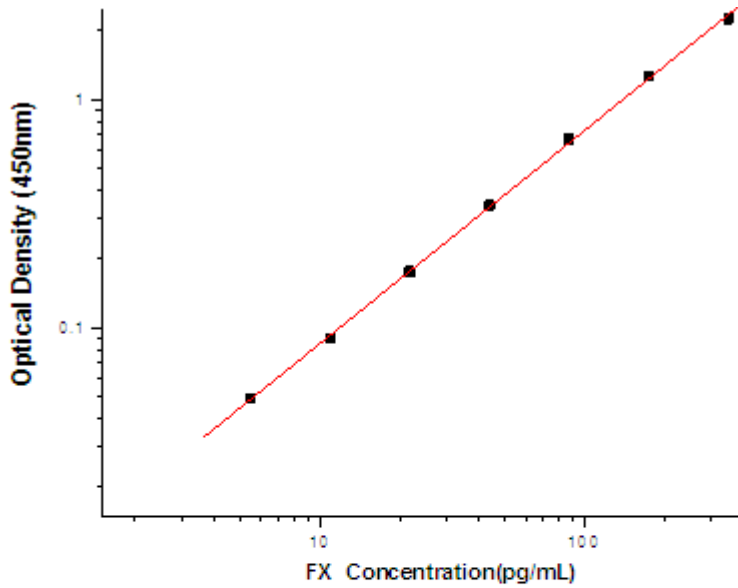
1. Add 100 μ L of sample or standards in sample dilution buffer per well. Seal the plate and incubate 2 hours at room temperature.
2. Repeat the aspiration/wash as in step 2 of plate preparation.
3. Add 100 μ L of the detection antibody, diluted in antibody dilution buffer, to each well. Seal the plate and incubate 1 hour at room temperature.
4. Repeat the aspiration/wash as in step 2 of plate preparation.
5. Add 200 μ L of substrate solution to each well. Incubate for 20 minutes at room temperature (**if substrate solution is not as requested, the incubation time should be optimized**). Avoid placing the plate in direct light.
6. Add 50 μ L of stop solution to each well. Gently tap the plate to ensure thorough mixing.
7. Determine the optical density of each well immediately, using a microplate reader set to 450 nm.

CALCULATION OF RESULTS

- Calculate the mean absorbance for each set of duplicate standards, controls and samples. Subtract the mean zero standard absorbance from each.
- 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.
- To determine the concentration of the unknowns, find the unknowns' mean absorbance value on the y-axis and draw a horizontal line to the standard curve. At the point of intersection, draw a vertical line to the x-axis and read the concentration. If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.
- Alternatively, computer-based curve-fitting statistical software may also be employed to calculate the concentration of the sample.

TYPICAL DATA

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



Concentration (pg/mL)	Zero standard subtracted OD
0	0
5.47	0.049
10.94	0.090
21.88	0.176
43.75	0.343
87.5	0.670
175	1.265
350	2.255

PERFORMANCE CHARACTERISTIC

SENSITIVITY

The minimum detectable dose of Human Coagulation Factor X was determined to be approximately **5.47 pg/ml**. This is defined as at least three times standard deviations above the mean optical density of 10 replicates of the zero standard.

TROUBLE SHOOTING

Problems	Possible Sources	Solutions
No signal	Incorrect or no Detection Antibody was added	Add appropriate Detection Antibody and continue
	Substrate solution was not added	Add substrate solution and continue
	Incorrect storage condition	Check if the kit is stored at recommended condition and used before expiration date
Poor Standard Curve	Standard was incompletely reconstituted or was inappropriately stored	Aliquot reconstituted standard and store at -80 °C
	Imprecise / inaccurate pipetting	Check / calibrate pipettes
	Incubations done at inappropriate temperature, timing or agitation	Follow the general ELISA protocol
	Background wells were contaminated	Avoid cross contamination by using the sealer appropriately
Poor detection value	The concentration of antigen in samples was too low	Enriching samples to increase the concentration of antigen
	Samples were ineffective	Check if the samples are stored at cold environment. Detect samples in timely manner
High Background	Insufficient washes	Use multichannel pipettes without touching the reagents on the plate
		Increase cycles of washes and soaking time between washes
	TMB Substrate Solution was contaminated	TMB Substrate Solution should be clear and colorless prior to addition to wells
	Materials were contaminated.	Use clean plates, tubes and pipettes tips
Non-specificity	Samples were contaminated	Avoid cross contamination of samples
	The concentration of samples was too high	Try higher dilution rate of samples

**Human Coagulation Factor X Antibody Pair
[HRP]
Notes**