

Creatine kinase (CK) — also known as creatine phosphokinase (CPK) or phospho-creatine kinase — is an enzyme expressed by various tissues and cell types. CK catalyses the conversion of creatine and utilizes adenosine triphosphate (ATP) to create phosphocreatine (PCr) and adenosine diphosphate (ADP). This CK enzyme reaction is reversible and thus ATP can be generated from PCr and ADP. In tissues and cells that consume ATP rapidly, especially skeletal muscle, but also brain, photoreceptor cells of the retina, hair cells of the inner ear, spermatozoa and smooth muscle, PCr serves as an energy reservoir for the rapid buffering and regeneration of ATP in situ, as well as for intracellular energy transport by the PCr shuttle or circuit.^[1] Thus creatine kinase is an important enzyme in such tissues. [2] In the cells, the "cytosolic" CK enzymes consist of two subunits, which can be either B (brain type) or M (muscle type). There are, therefore, three different isoenzymes: CK-MM, CK-BB and CK-MB. Isoenzyme patterns differ in tissues. Skeletal muscle expresses CK-MM (98%) and low levels of CK-MB (1%). The myocardium (heart muscle), in contrast, expresses CK-MM at 70% and CK-MB at 25-30%. CK-BB is predominantly expressed in brain and smooth muscle, including vascular and uterine tissue. Creatine kinase in the blood may be high in health and disease. Exercise increases the outflow of creatine kinase to the blood stream for up to a week, and this is the most common cause of high CK in blood. [3] High CK in the blood may be an indication of damage to CK-rich tissue, such as in rhabdomyolysis, myocardial infarction, myositis and myocarditis. This means creatine kinase in blood may be elevated in a wide range of clinical conditions including the use of medication such as statins; endocrine disorders such as hypothyroidism;^[4] and skeletal muscle diseases and disorders including malignant hyperthermia,^[5] and neuroleptic malignant syndrome. [6] Furthermore, the isoenzyme determination has been used extensively as an indication for myocardial damage in heart attacks. Troponin measurement has largely replaced this in many hospitals, although some centers still rely on CK-MB.

References

- 1. Wallimann T, et al. (1992). The Biochemical Journal 281 (1): 21–40.
- 2. Wallimann T, et al. (1994). Molecular and Cellular Biochemistry. 133–135: 193–220.
- 3. Johnsen SH, et al. (2011). Journal of Hypertension 29 (1): 36–42.
- 4. Hekimsoy, Z; Oktem, I. K. (2005). Endocrine research 31 (3): 171–5.
- 5. Johannsen, S; et al. (2013). Muscle & Nerve 47 (5): 677–81.
- 6. O'Dwyer, A. M.; Sheppard, N. P. (1993). Psychological Medicine 23 (2): 323–6.

PRINCIPLE OF THE ASSAY

This is a shorter ELISA assay that reduces time to 50% compared to the conventional method, and the entire assay only takes 3 hours. This assay employs the quantitative sandwich enzyme immunoassay technique and uses biotin-streptavidin chemistry to improve the performance of the assays. An antibody specific for Feline CK-MB1 has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any CK-MB1 present is bound by the immobilized antibody. After washing away any unbound substances, a detection antibody specific for Feline CK-MB1 is added to the wells. Following wash to remove any unbound antibody reagent, a detection reagent is added. After intensive wash a substrate solution is added to the wells and color develops in proportion to the amount of CK-MB1 bound in the initial step. The color development is stopped, and the intensity of the color is measured.

This package insert must be read in its entirety before using this product.

Storage

Store at 4°C. The kit should be used in 6 months.



MATERIALS PROVIDED

Description	Quantity	Description	Quantity	Description	Quantity
Antibody Precoated Plate	1	20 x PBS	1	Substrate Solution	1
Detection Antibody	1	20 x Assay Buffer	1	Stop Solution	1
HRP Conjugate	1	96-well plate sheet	1	DataSheet	1
Standard	3				

Bring all reagents to room temperature before use.

Reagent Preparations

Feline CK-MB1 Detection Antibody (1 vial) – The lyophilized Detection Antibody should be stored at 4° C to -20° C in a manual defrost freezer for up to 6 months, if not used immediately. Spin to bring down the material prior to open the vial. The vial contains sufficient Detection Antibody for a 96-well plate. Add 200 μ L of sterile 1 x PBS, Vortex 30 sec and allow it to sit for 5 min prior to use. Take the entire 200 μ L of detection antibody to 10.5 mL of 1 x PBS to make working dilution of Detection Antibody and vortex 30 sec if the entire 96-well plate is used. If the partial antibody is used store the rest at -20° C until use.

Feline CK-MB1 Standard (3 vials) – Each lyophilized Feline CK-MB1 Standard vial contains the standard sufficient for generating a standard curve. The unreconstituted standard can be stored at -20° C for up to 6 months if not used immediately. Spin to bring down the material prior to open the tube. Add 500 μL of 1 x Assay Buffer to a Standard vial to make the high standard concentration of 80 ng/ml. Vortex 1 min and allow it to sit for 5 min prior to use. A seven-point standard curve is generated using 2-fold serial dilutions in 1 x Assay Buffer, vortex 30 sec for each of dilution step.

HRP Conjugate (55 μ L) – Centrifuge for 1 min at 6000 x g to bring down the material prior to open the vial. The vial contains 55 μ L HRP Conjugate sufficient for a 96-well plate. If the volume is less than 55 μ L, add sterile 1 x PBS to reach 55 μ L and vortex 10 sec. Make 1:200 dilutions in 1 x PBS. If the entire 96-well plate is used, add 53 μ L of HRP Conjugate to 10.5 mL of 1 x PBS to make **working dilution of HRP Conjugate** and vortex 30 sec prior to the assay. The rest of undiluted HRP Conjugate can be stored at 4°C for up to 6 months. DO NOT FREEZE.

20 x PBS, pH 7.3, 25 mL- Dilute to 1 x PBS with deionized distilled water and mix well prior to use.
20 x Assay Buffer, 20 mL- Dilute to 1 x Assay Buffer with 1 x PBS prior to use.
Substrate Solution, 10.5 mL.
Stop Solution, 5.5 mL.

Sample types: Plasma, serum, cell/tissue lysates, cell culture supernatant, synovial fluid (SF), bronchoalveolar lavage (BALF), cerebrospinal fluid (CSF), urine, other biological fluid.



Assay Procedure

- 1. All procedures are conducted at room temperature (20-25 °C) and ensure equal pipetting/dispensing at each step and remove air bubbles in the wells for all steps.
- 2. Lift the plate cover and cover the unused wells or reseal the unused strips in the aluminum bag with desiccant at 4 °C. Vortex the standards and samples for 10 sec before applying to the plate. Add 100 μL of **sample** or **standard** per well and use duplicate wells for each standard or sample. Cover the 96well plate and incubate on shaker at 450 rpm for 1 h (2 h if no shaking). Attention: MUST vortex standards and samples for 10 sec before pipetting to the wells!
- 3. Aspirate each well and wash with 300 µL of 1 x Assay Buffer for two times. Wash by filling each well with 1 x Assay Buffer using a multi-channel pipette, manifold dispenser, squirt bottle or auto-washer. Complete removal of liquid at each step is essential for good performance. After the last wash, remove any remaining Assay Buffer by aspirating or by inverting the plate and blotting it against clean paper
- 4. Add 100 µL of the working dilution of Detection Antibody to each well. Cover the plate and incubate on shaker at 450rpm for 1 h (2 h if no shaking).
- 5. Repeat the aspiration/wash as in step 3.
- 6. Add 100 µL of the working dilution of HRP Conjugate to each well. Cover the plate and incubate for 20 minutes. Avoid placing the plate in direct light.
- 7. Repeat the aspiration/wash as in step 3 but wash 4 times instead.
- 8. Add 100 µL of Substrate Solution to each well and observe the color development every 1-2 mins. Incubate for up to 30 minutes (depending on signal. Stop the reaction when it turns to dark blue in the highest standard wells). Over-incubation of the substrate will result in overflow of high standard and should be avoided. Avoid placing the plate in direct light.
- 9. When it gets to dark blue in the highest concentration of standard wells, add 50 µL of Stop Solution to each well to stop the reaction. Gently tap the plate to ensure thorough mixing. Ensure all wells turn yellow by pipette tip prior to measurement.
- 10. Determine the optical density of each well immediately, using a validated 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.

Sample dilution: If high density is expected, samples should be diluted with equal volume of 1 x Assay Buffer and vortex for 1 min prior to assay. If the OD value still exceeds the upper limit of the standard curve, further dilution is recommended till it falls in the detection range and the dilution factor must be used for calculation of the concentration.

Precaution and Technical Notes

- 1. It is critical to follow the procedure step by step otherwise appropriate color development may not occur as expected and make sure no air bubbles in wells before adding reagents.
- 2. A standard curve should be generated for each set of samples assayed. Thorough mixing of standards at each of dilution steps is critical to acquire a normal standard curve and vortex again (10 sec) before pipetting to the 96-well plate.
- 3. HRP Conjugate contains enzyme, DO NOT mass up with Detection Antibody.
- The Stop Solution is an acid solution, handle with caution.
- 5. This kit should not be used beyond the expiration date on the label.
- 6. A thorough and consistent wash technique is essential for proper assay performance.
- 7. Use a fresh reagent reservoir and pipette tips for each step.
- 8. It is recommended that all standards and samples be assayed in duplicate.
- 9. Avoid microbial contamination of reagents and buffers. This may interfere with the performance of the assay.



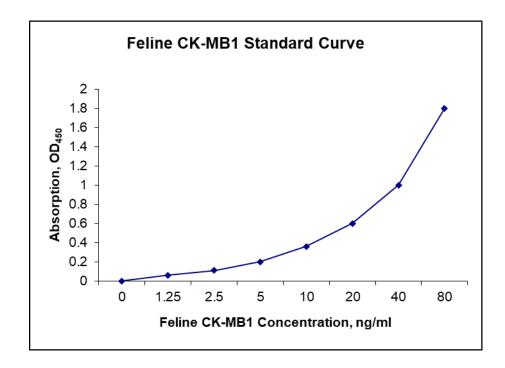
Calculation of Results

Average the duplicate readings for each standard, control, and sample and subtract the average zero (blank) standard optical density.

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 CK-MB1 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.

The Standard Curve

The graph below represents typical data generated when using this Feline CK-MB1 ELISA Kit. The correlation coefficient (r²) is 0.995-1.000. The standard curve should be calculated using a computer generated 4-PL curve-fit to determine concentrations of unknow specimens.





Specificity

The following recombinant Feline proteins prepared at 10 ng/ml were tested and exhibited no crossreactivity or interference.

BMP4, HGF, IL-1 beta, IFNγ, MMP-2, TGFβ1, TLR3, TNF-α, TNF RI, TNF RII, VEGF.

Calibration

This kit is calibrated against a highly purified yeast-expressed recombinant Feline CK-MB1

Detection Range

1.25-80 ng/ml

Assay Sensitivity

200 pg/ml

Assay Precision

Intra-Assay %CV: 6; Inter-Assay %CV: 9

Related products

- 1. GR238016 50 ml Reagent Reservoir, 100/case, 5 packs/case (pack of 20)
- 2. GR238004 Tissue Culture 96-well Microplate, individually packed, Case of 50
- 3. GR238019 1.5 ml Microcentrifuge tube with screw cap and free-standing, pack of 500
- 4. GR238007 125 ml leak-resistant HDPE bottle, colorless, pack of 24
- 5. GR238002 Microplate 12x8-Well Strip High Binding, Case of 50
- 6. GR238003 Microplate 12x8-Well Strip Medium Binding, Case of 50
- 7. GR238032 42592 Costar Stripwell Microplate 1 x 8 Flat Bottom, High Binding, Case of 100
- 8. GR238001 468667 Thermo Microplate 12x8-Well Strip Nunc Maxixorp F8, Case of 60
- 9. GR238031 96-well microplate sealer plastic, pack of 100

DECLARATION

THIS REAGENT IS FOR IN VITRO LABORATORY TESTING AND RESEARCH USE ONLY. DO NOT USE IT FOR CLINICAL DIAGNOSTICS. DO NOT USE OR INJECT IT IN HUMANS AND ANIMALS.



Problem	Possible causes	Solution
Poor standard curve	 Inaccurate pipetting Insufficient vortexing OD₄₅₀ too high for the high standard point Air bubbles in wells. Standard defect or not fully recovered 	 Check pipette calibration and ensure equal dispensing. Vortex 30 sec for each of standard dilution steps and vortex again (10 sec) before pipetting to the 96-well plate. Reduce substrate incubation time Remove air bubbles in wells by pipette tip. Change a standard vial or spin down the vial before reconstitution
Low signal	Improper preparation of reagents and storage Too brief incubation times Inadequate reagent volume or improper dilution Standard defect and sample overdiluted	 Briefly spin down vials before opening. Reconstitute the content thoroughly. Proper storage of plate and strip and detection antibody after first usage as shown in the datasheet. Microplate shaker may improve signals. Ensure sufficient incubation time including substrate incubation. Increase sample incubation to 2 hours. Change a Standard vial. Undilute sample or less dilution
Overflow in the standards	 Substrate incubation too long Air bubbles in wells 	 Observe the color development every 1-2 mins and reduce substrate incubation time. Stop the reaction by adding 50 µl of Stop Solution when it turns to dark blue in the highest concentration of standard wells. Remove air bubbles in wells
Large CV	 Inaccurate pipetting and mixing Improper standard/sample dilutions. Air bubbles in wells. Microplate reader out of calibration It did not turn yellow after adding Stop Solution 	 Check pipettes and ensure the pipette is calibrated properly. Ensure accurate pipetting and thorough mixing. Use reverse, instead of forward pipetting. Use the correct dilution buffers Remove air bubbles in wells by pipette tip. Calibrate the microplate reader properly If it did not turn yellow after adding Stop Solution, mix with pipette tip till it turns yellow prior to measurement.
High background	 Reagent reservoir issue Plate is insufficiently washed and air bubbles in wells. Contaminated Assay Buffer Pipet tip contaminated 	 Use a new reagent reservoir for Substrate Solution. Increase wash to 4 times before adding substrate and ensure plate washer functions normally. Remove air bubbles in wells by pipette tip. Use squirt bottle for washing. Make fresh Assay Buffer and wash thoroughly. Use new pipette tips for blank wells.
No signal detected	 The procedure was misconducted. Failures of spin down the contents in Detection Antibody and Standards. Failure of Substrate or HRP Samples overdiluted 	 Ensure the step-by-step protocol. Spin vials of Detection antibody and Standard to completely recover the content. Mix 100 μl of Substrate with 0.5 μl HRP and dark blue color should develop in 5 min. Try a new standard vial and use positive control. Try not dilute samples
Low sensitivity	 Improper dilutions of standards Improper storage of the ELISA kit 	 Ensure accurate and thorough dilutions of standards at each step. Store detection antibody at -20°C after reconstitution and others at 4°C. Keep substrate solution protected from light.