

ELIZEN PROINSULIN

Immunoenzymometric
assay for the quantitative
determination
of Intact Proinsulin
in human serum
and plasma





ORDERING INFORMATION

Code: **E-BX-96** Package Size: 96 tests/kit



Indications

- Proinsulin in serum provides a useful valuable information for the diagnosis of insulinomas. Proinsulin levels have also been shown to be elevated in non-insulin dependent diabetics (NIDDM), in insulin dependant diabetics (IDDM) and other clinical situations as renal failure, cirrhosis, or hyperthyroidism.
- High proinsulin concentrations are usually observed in patients with benign or malignant β-cell tumours of the pancreas.

Features

- Highest specificity and sensitivity
- Detects only the intact
 Proinsulin form, no cross-reaction with insulin, C-peptide and "des" and "split" forms
- Calibrated against IRR 84/611
- Easy handling
- Results within 2 hours

Performance characteristics

Detection limit: 0.6 pmol/L

Measuring range: 0 to 100 pmol/L

■ Intra & inter assay CV: < 3.2 %

Kit contents







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Assay procedure

ELIZEN PROINSULIN is a sensitive two-site sandwich ELISA assay. The microtiter plates are coated with a monoclonal antibody (S2) specific for epitope at the C-peptide/insuline A chain junction. S2 is able to bind intact PI, des (31,32)-PI and split (32,33)-PI but not insulin, C-peptide and the other "des" and "split" forms. Enzyme labelled anti-proinsulin antibody is specific for the epitopes at insulin chain/C-peptide junction (S53)*. This second antibody is able to bind to intact PI, des (64,65)-PI and split (65,66)-PI but not insulin, C-peptide and other «des» and «split» forms. The combination of these two mutually exclusive antibodies has the ability to detect only the intact human proinsulin.

Reagents	Quantity
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Blocking buffer	10 μL
Calibrators, controls and samples	100 μL
Incubation 20-25°C (room temperature)	30 min
Washing	3 x 300 μL
HRP conjugate	100 μL
Incubation 20-25°C (room temperature)	60 min
Washing	3 x 300 μL
Chromogenic substrate	200 μL
Incubation 20-25°C (room temperature)	15 min
Stop solution	100 μL

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(* see Houssa & al. Clinical Chemistry 44:7, 1514; Deberg & al Clinical Chemistry 44:7, 1504)

