

Abbexa Ltd, Innovation Centre, Cambridge Science Park, Cambridge, CB4 0EY, UK
Telephone: +44 (0) 1223 755950 - Fax: +44 (0) 1223 755951 - E-Mail: info@abbexa.com

Human Orexin (HCRT) ELISA Kit

Catalogue No.: abx152593



Human Orexin ELISA Kit is a competitive ELISA kit for use with Serum, plasma and other biological fluids. This assay has high sensitivity and excellent specificity for detection of Orexin (OX)

No significant cross-reactivity or interference between Orexin (OX) and analogues was observed.

Please note that this kit is also available as a CLIA Kit [abx490067](#).

Target: Orexin

Reactivity: Human

Tested Applications: ELISA

Recommended dilutions: Optimal dilutions/concentrations should be determined by the end user.

Test Range: 12.35 pg/ml - 1000 pg/ml

Sensitivity: < 5.34 pg/ml

Validity: The validity for this kit is 6 months.

Storage: Store at 2°C to 8°C upon receipt.

Stability: The stability of the kit is determined by the rate of activity loss. The loss rate is less than 5% within the expiration date under appropriate storage conditions. To minimize performance fluctuations, operation procedures and lab conditions should be strictly controlled. It is also strongly suggested that the whole assay is performed by the same user throughout.

Standard Form: Lyophilized

ELISA Detection: Colorimetric

ELISA Type: Competitive

Abbexa Ltd, Innovation Centre, Cambridge Science Park, Cambridge, CB4 0EY, UK
Telephone: +44 (0) 1223 755950 - Fax: +44 (0) 1223 755951 - E-Mail: info@abbexa.com

ELISA Data: Quantitative

Sample Type: Serum, plasma, tissue homogenates and other biological fluids.

Note: This product is for research use only.
The range and sensitivity is subject to change. Please contact us for the latest product information.
For accurate results, sample concentrations must be diluted to mid-range of the kit. If you require a specific range, please contact us in advance or write your request in your order comments.
Please note that our ELISA and CLIA kits are optimised for detection of native samples, rather than recombinant proteins. We are unable to guarantee detection of recombinant proteins, as they may have different sequences or tertiary structures to the native protein.