ASSAY CHARACTERISTICS

Anti C4d antibody (Cat.No: see applications)
Cat.No: BI-RC4D
for IHC (paraffin embedded and frozen tissue section)
Cat.No: BI-RC4D-FITC
for flow cytometry application

Endostatin ELISA (Cat.No.: BI-20742)
Method: Sandwich ELISA, 12x8 tests
Sample matrix: serum, plasma (citrate, EDTA, heparin), urine protocol available
Sample size: 5 µl neat sample volume / test
Standard range: 0-80 nmol/l
Incubation time: 3 h / 1 h / 30 min, room temperature

OPG ELISA (Cat.No.: BI-20403)
Method: Sandwich ELISA, 12x8 tests
Sample matrix: serum, plasma (citrate, EDTA, heparin)
Sample size: 20 µl / test
Standard range: 0-20 pmol/l
Incubation time: 4 h / 1 h / 30 min, room temperature

Sclerostin ELISA (Cat.No.: BI-20492)
Method: Sandwich ELISA, 12x8 tests
Sample matrix: serum, plasma (citrate, EDTA, heparin)
Sample size: 20 µl / test
Standard range: 0-240 pmol/l
Incubation time: overnight / 1 h / 30 min, room temperature
ANTI C4d ANTIBODY · ENDOSTATIN · OSTEOPROTEGERIN (OPG) · SCLEROSTIN

ANTI C4d
FOR THE HUMORAL REJECTION IN RENAL, HEART AND LUNG TRANSPLANTS


...pretransplant SAB-based detection of complement-fixing DSA may be a valuable tool for risk stratification.


...C4d SAFB is potentially a powerful tool for risk stratification prior to transplantation and may allow identification of unacceptable donor antigens, or patients who may require enhanced immunosuppression.


“Our data suggest particular efficiency of solid-phase complement detection as a tool for virtual crossmatching.”

ENDOSTATIN
FOR THE PROGRESSION OF KIDNEY DISEASE


These data indicate that elevated plasma endostatin is strongly and independently associated with CKD.

Early-onset coronary artery disease after pediatric kidney transplantation: implicating the angiogenesis inhibitor, endostatin. Iqbal CW et al., Am Surg, 2011; 77(6): 731-735

“Endostatin levels were greater in kidney transplant recipients compared with liver transplant recipients and healthy control subjects. Endostatin may play a role in the development of atherosclerosis after kidney transplantation and may serve as a biomarker for atherosclerotic disease.”


“Enhanced CEC reflects an increased activity of vascular injury. A deficient VEGF in the presence of enhanced antiangiogenesis (endostatin) implies a defective angiogenesis. This may explain the progressive nature of renal microvascular disease observed in late stage of CKD patients.”

OSTEOPROTEGERIN
FOR THE PREDICTION OF CARDIO-VASCULAR MORTALITY


“In a large cohort of kidney transplant patients with long-term follow-up, OPG was independently associated with renal events, CV events and mortality.”

Serum osteoprotegerin is a predictor of progression of atherosclerosis and coronary calcification in hemodialysis patients. Kurnatowska I et al., Nephron Clin Pract,2011; 117(4): c297-304

“These plasma level of OPG could serve as a surrogate marker of progression of atherosclerosis and calcification in patients with end-stage renal disease.”


“These data support a strong relationship between serum OPG and arterial stiffness independent of many potential confounders including traditional cardiovascular risk factors...”

SCLEROSTIN
FOR THE DIAGNOSIS OF HIGH BONE TURNOVER IN CKD


“Dialysis patients had significantly higher Sclerostin levels than controls.”

Sclerostin and DKK-1 levels in pre-dialysis CKD patients. Behets G et al., Nephrol Dial Transplant, 2012; 27: 1364-137

“Serum Sclerostin levels but not DKK-1 levels increase along the progression of renal disease.”

The Relation between Renal Function and Serum Sclerostin in Adult Patients with CKD. Pelletier S et al., Clin J Am Soc Nephrol, 2013; 8: 819-823

“Higher serum Sclerostin levels starting at CKD stage III.”


“Higher circulating Sclerostin levels were associated with decreased mortality in prevalent HD patients.”