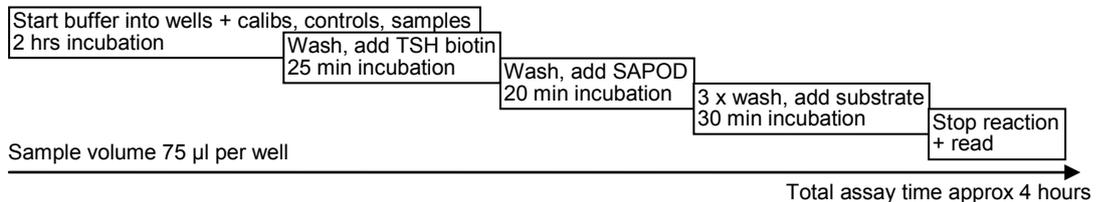


Description: Enzyme linked immunosorbent assay (ELISA) kit for the determination of autoantibodies to the TSH receptor (TSHR) in serum. Method based on inhibition of TSH binding.

Disease application: Graves' disease

Assay method:



Sensitivity: 98% n = 50 for Graves' disease (treated and untreated patients)

Specificity: 99% n = 154 for healthy blood donors

Calibrator range: 1 - 40 units/L (units: NIBSC 90/672)

Cut-off: Negative: ≤1.0 units/L; Positive: >1.5 units/L; Borderline Positive: >1.0 - ≤1.5 units/L

Lower detection limit: 0.21 units/L (mean - 2 standard deviations in assay of negative control; n = 32)

Advantages: A non-isotopic assay suitable for use in routine clinical laboratories and easily automated. It offers similar disease specificity and sensitivity to the latest isotopic assays.

Kit size: 96 wells

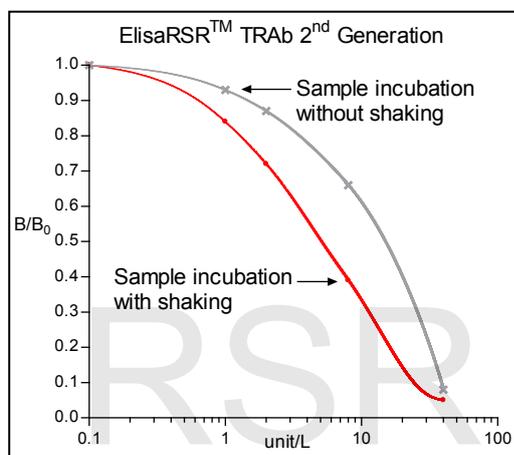
Order code: TRE/96/2A

Literature: "Measurement of thyroid-stimulating hormone receptor autoantibodies by ELISA"
J. Bolton et al
Clin. Chem. 1999 **45**: 2285-2287

"TSH-receptor antibody measurement in patients with various thyrotoxicosis and Hashimoto's Thyroiditis: a comparison of two two-step assays, coated plate ELISA using porcine TSh-receptor and coated tube radioassay using human recombinant TSH-receptor"
K. Kamijo
Endocrine Journal 2003 **50**: 113-116

"A new assay for thyrotropin receptor autoantibodies"
B. Rees Smith et al
Thyroid 2004 **14**: 830-835

Shaking during sample incubation:



Shaking the ELISA plate on a plate shaker (500 shakers per min) during the 2hr sample incubation improves assay sensitivity and is essential.

See also: -
[ElisaRSR™ TRAb 3rd Generation](#)
[ElisaRSR™ TRAb Fast™](#)

This kit is intended for in-vitro use by professional persons only. The data quoted is for guidance only. Each laboratory should establish its own normal and pathological reference ranges for the assay and should include its own panel of control samples in the assay along with the controls provided as part of the kit.

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