

Technical Information

Endostatin

Cat. No.:	BI-20742
Tests:	96
Method:	ELISA
Range:	0 – 800 pmol/l
LLOQ:	3 pmol/l (STD2 25 pmol/l)
Incubation time:	3 h / 1 h / 30 min
Sample volume:	10 µl
Sample type:	Serum, plasma, urine
Sample preparation:	Centrifuge freshly collected blood as soon as possible Store centrifuged samples at -20°C for longer storage. Samples are stable up to 4 freeze and thaw cycles. Hemolyzed or lipemic samples may cause erroneous results.

Reference values:	Median urine (n=789): 20 pmol/l Median serum (n=59): 51 pmol/l Median citrate plasma (n=30): 47 pmol/l
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Species:	Human
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Intended use:

Endostatin, a 20-kDa C-terminal proteolytic fragment of collagen XVIII, is an endogenous angiogenesis inhibitor localized in the vascular basement membrane in various organs (<http://www.uniprot.org/uniprot/P39060>). The biological functions of the endostatin-network involve SPARC, thrombospondin-1, glycosaminoglycans, collagens, and integrins. Endostatin is expressed during the progression of renal fibrosis in tubular cells of injured tissue. In renal microvascular disease, observed in late stages of patients with chronic kidney disease, increased endostatin levels are possibly the consequence of enhanced extracellular matrix degradation. Thus endostatin may become an important marker for progressive microvascular renal disease in patients with chronic kidney disease. Endostatin levels in blood are also likely to increase in patients with other microvascular tissue injuries, including atherosclerosis, myocardial and brain ischemia. In ischemic stroke patients, high endostatin plasma levels predict a worse long-term clinical outcome.

Intended applications:

- Micro-vascular injury
- Chronic kidney disease
- Atherosclerosis
- Ischemia

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