

always your partner



NT-proANP (1-98)

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Cat. No.: Tests: Method: Range: LLOQ: Incubation time: Sample volume: Sample type: Sample preparation:	BI-20892 96 ELISA 0 – 10 nmol/I 0.05 nmol/I (STD2 0.63 pmol/I) 3 h / 30 min 10 μI Serum, EDTA/Heparin plasma, urine, cc supernatant Centrifuge freshly collected blood as soon as possible Store centrifuged samples at -20°C for longer storage. Samples are stable up to 3 freeze and thaw cycles (for serum samples only 2 F/T cycles). Hemolyzed or lipemic samples may cause erroneous results.
Reference values:	Median EDTA plasma (n=53): 1.45 nmol/l
Species:	Human. Cross-reacts with: rat, mouse (for pre-clinical studies)

Intended use:

Atrial natriuretic peptide is synthesized in atrial myocytes and is stored in secretory granules as a 126 amino acid prohormone. The most important stimulus for the release of the hormone into circulation is stretch of the myocyte fibres. On release the prohormone is split into equimolar amounts of the highly biologically active proANP (99-126), also known as α ANP, and the N-terminal part proANP (1-98). α -ANP is rapidly cleared from the circulation with a half life of 3-4 minutes. proANP (1-98) has a much longer half-life (60-120 min) which leads to significantly higher concentrations in blood compared to α -ANP. Thus, circulating levels of proANP (1-98) are less sensitive to the pulsatile secretion of ANP and may better reflect chronic levels of ANP secretion than the rapidly fluctuating levels of α -ANP. proANP is discussed as valuable marker for e.g. sepsis (Increased plasma levels of NT-proANP and NT proBNP as markers of cardiac dysfunction in septic patients. Hoffmann U. et al., Clin. Lab. 2005;51 (7-8):373-9), or risk stratification in heart failure (Neurohormonal risk stratification for sudden death and death owing to progressive heart failure in chronic heart failure. Berger R. et al, European Journal of Clinical Investigation, 2005, 35 (1), 24-31)

Intended applications:

- Research studies on heart failure (LVD, CHF etc.)
- Risk assessment in heart failure patients
- Research studies on heart transplanted patients
- Risk assessment in MI patients with normal NT-proBNP levels
- Drug therapy monitoring in cardiovascular disease
- Monitoring of cardiac resynchronisation therapy

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