

(FOR RESEARCH USE ONLY. DO NOT USE IT IN CLINICAL DIAGNOSIS !)

**Catalog No: E-BC-K236-M**

**Specification: 48T(19 samples)/96T(43 samples)/500 Assays(245 samples)**

**Measuring instrument: Microplate reader (500-520 nm)**

**Detection range: 1.1-72.3 IU/L**

## **Elabscience® Aspartate Aminotransferase (AST/GOT) Activity Assay Kit**

This manual must be read attentively and completely before using this product.

If you have any problem, please contact our Technical Service Center for help:

Toll-free: 1-888-852-8623

Tell: 1-832-243-6086

Fax: 1-832-243-6017

Email: [techsupport@elabscience.com](mailto:techsupport@elabscience.com)

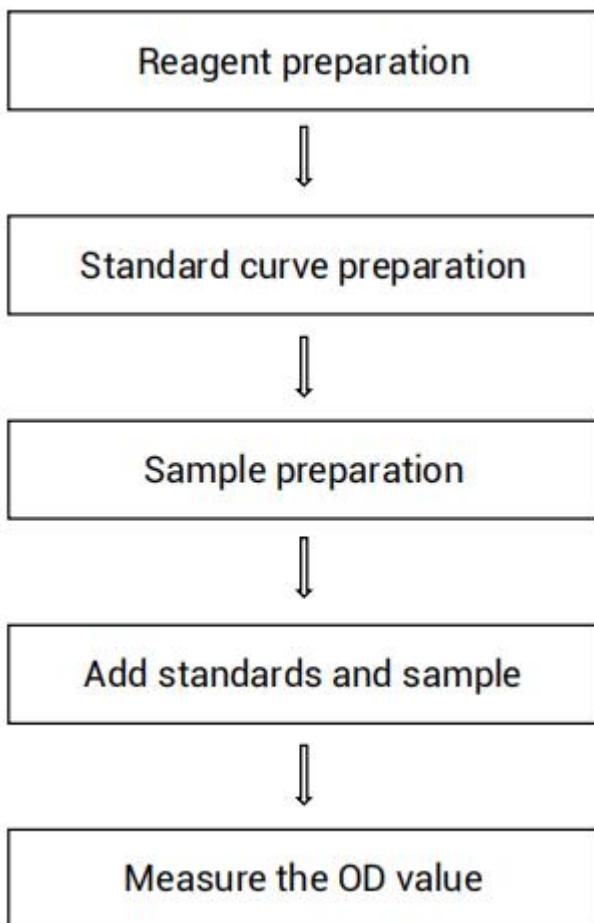
Website: [www.elabscience.com](http://www.elabscience.com)

Please kindly provide us the lot number (on the outside of the box) of the kit for more efficient service.

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## Assay summary

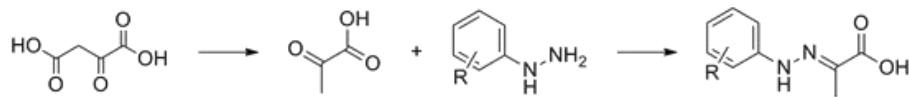


## Intended use

This kit can be used to measure Aspartate Aminotransferase (AST/GOT) activity in animal serum (plasma), tissue, culture cells and cell culture supernatant, etc.

## Detection principle

AST/GOT enables alpha-ketoglutaric acid and aspartic acid to displace amino and keto groups to form glutamic acid and oxaloacetic acid. Oxaloacetic acid can decarboxylate itself to form Pyroracemic acid during the reaction. Pyroracemic acid reacted with 2,4-dinitro phenyl hydrazine(DNPH) to form 2,4, dinitrophenylhydrazone showing reddish brown in alkaline solution. Measure the OD values and calculate the enzyme activity.



## Kit components & storage

Item	Component	Size 1 (48 T)	Size 2 (96 T)	Size 3(500 Assays)	Storage
Reagent 1	Buffer Solution	0.5 mL × 1 vial	0.5 mL × 1 vial	2.5 mL × 1 vial	2-8°C, 12 months
Reagent 2	2 mmol/L Sodium Pyruvate	0.5 mL × 1 vial	0.5 mL × 1 vial	2.5 mL × 1 vial	2-8°C, 12 months
Reagent 3	Substrate Solution	2.5 mL × 1 vial	5 mL × 1 vial	25 mL × 1 vial	2-8°C, 12 months
Reagent 4	Chromogenic Agent	2.5 mL × 1 vial	5 mL × 1 vial	25 mL × 1 vial	2-8°C, 12 months shading light
Reagent 5	Alkali Reagent	2.5 mL × 1 vial	5 mL × 1 vial	25 mL × 1 vial	2-8°C, 12 months
	Microplate	48 wells	96 wells	/	No requirement
	Plate Sealer	2 pieces			
	Sample Layout Sheet	1 piece			

Note: The reagents must be stored strictly according to the preservation conditions in the above table. The reagents in different kits cannot be mixed with each other. For a small volume of reagents, please centrifuge before use, so as not to obtain sufficient amount of reagents.

## Materials prepared by users

### Instruments:

Microplate reader (500-520 nm), Vortex mixer, Incubator, Multichannel pipette

### Reagents:

Double distilled water, Normal saline (0.9% NaCl), PBS (0.01 M, pH 7.4)

## **Reagent preparation**

① The preparation of alkali working solution:

For each well, prepare 200  $\mu$ L of alkali working solution (mix well 20  $\mu$ L of alkali reagent and 180  $\mu$ L of double distilled water). The alkali working solution should be prepared on spot.

② Incubate substrate solution at 37 °C for 10 min.

## **Sample preparation**

① **Sample preparation**

**Serum and plasma:** detect directly. If not detected on the same day, the serum or plasma can be stored at -80°C for a month.

**Urine:** collect fresh urine and centrifuge at 10000 g for 15 min at 4°C. Take the supernatant and preserve it on ice for detection.

### **Tissue sample:**

- ① Harvest the amount of tissue needed for each assay (initial recommendation 20 mg).
- ② Wash tissue in cold PBS (0.01 M, pH 7.4).
- ③ Homogenize 20 mg tissue in 180  $\mu$ L PBS (0.01 M, pH 7.4) with a dounce homogenizer at 4°C.
- ④ Centrifuge at 10000 $\times$ g for 10 minutes to remove insoluble material. Collect supernatant and keep it on ice for detection.
- ⑤ Meanwhile, determine the protein concentration of supernatant (E-BC-K318-M).

## Cells:

- ① Harvest the number of cells needed for each assay (initial recommendation  $1 \times 10^6$  cells).
- ② Wash cells with PBS (0.01 M, pH 7.4).
- ③ Homogenize  $1 \times 10^6$  cells in 300  $\mu$ L PBS (0.01M, pH 7.4) with a ultrasonic cell disruptor at 4°C.
- ④ Centrifuge at 10000 $\times g$  for 10 minutes to remove insoluble material. Collect supernatant and keep it on ice for detection.
- ⑤ Meanwhile, determine the protein concentration of supernatant (E-BC-K318-M).

## ② Dilution of sample

The recommended dilution factor for different samples is as follows (for reference only):

Sample type	Dilution factor
Human serum	1
Human plasma	1
Porcine serum	1
Rat serum	1
HC-60 cellular supernatant	1
Calu-3 cellular supernatant	1
10% Rat liver tissue homogenization	15-30
10% Rat lung tissue homogenization	2-8

Note: The diluent is normal saline (0.9% NaCl) or PBS (0.01 M, pH 7.4). For the dilution of other sample types, please do pretest to confirm the dilution factor

## The key points of the assay

- ① It is recommended to use multi-channel pipette to add alkali working solution to reduce the difference between wells.
- ② Detect the sample as soon as possible after collection. The serum sample can be store at 2-8°C for 7 days and -20°C for 20 days.

## Operating steps

- ① Standard wells: add 5  $\mu$ L of buffer solution to the standard wells respectively (the pipettes should touch the bottom of the plate). Add 20, 18, 16, 14, 12  $\mu$ L of substrate solution to the standard wells from A to E, respectively. Add 0, 2, 4, 6, 8  $\mu$ L of reagent 2 to the standard wells from A to E, respectively.  
Sample wells: add 20  $\mu$ L of substrate solution (pre-heated at 37°C for 10 min) and 5  $\mu$ L of sample.  
Control wells: add 20  $\mu$ L of substrate solution (pre-heated at 37°C for 10 min).
- ② Mix well (this is very important), then incubate at 37°C for 30 min.
- ③ Add 20  $\mu$ L of chromogenic agent to each well.
- ④ Control wells: Add 5  $\mu$ L of sample to control wells.
- ⑤ Mix well with microplate reader for 10 s, incubate at 37°C for 20 min.
- ⑥ Add 200  $\mu$ L of alkali working solution to each well (the multi-channel pipette is recommended).
- ⑦ Mix fully with microplate reader for 10 s, stand for 15 min at room temperature and measure the OD value of each well with microplate reader at 510 nm.

## Calculation

### The standard curve:

1. Average the duplicate reading for each standard.
2. Subtract the mean OD value of the blank (Standard A) from all standard readings. This is the absolated OD value.
3. Plot the standard curve by using absolated OD value of standard and correspondent concentration (0, 24, 61, 114, 190) as x-axis and y-axis respectively. Create the standard curve ( $y = ax^2 + bx + c$ ) with graph software (or EXCEL).

**Definition of international unit:** The enzyme amount of 1  $\mu$ mol of NADH consumed in reaction system (1 mL sample/1 g tissue protein, 25°C) per minute is defined as 1 unit (wavelength is 340 nm, optical path is 1 cm).

**Definition of Carmen unit:** 1 mL of sample, the total volume of reaction is 3 mL, wavelength is 340 nm, optical path is 1 cm, react at 25°C for 1 min, the amount of generated pyruvic acid which oxidize NADH to NAD<sup>+</sup> and cause absorbance decreasing 0.001 is as 1 unit. (1 Carmen unit = 0.482 IU/L, 25°C).

### The sample:

#### 1. Serum (plasma) sample:

$$\text{AST/GOT activity (IU/L)} = [a \times (\Delta A_{510})^2 + b \times \Delta A_{510} + c] \times 0.482 \times f$$

#### 2. Tissue and cells sample:

$$\text{AST/GOT activity (IU/gprot)} = [a \times (\Delta A_{510})^2 + b \times \Delta A_{510} + c] \times 0.482 \times f \div C_{pr}$$

### [Note]

$\Delta A_{510}$ :  $OD_{\text{sample}} - OD_{\text{control}}$

f: Dilution factor of sample before tested.

$C_{pr}$ : Concentration of protein in sample (gprot/L).

## Appendix I Performance Characteristics

### 1. Parameter:

#### Intra-assay Precision

Three human serum samples were assayed in replicates of 20 to determine precision within an assay. (CV = Coefficient of Variation)

Parameters	Sample 1	Sample 2	Sample 3
Mean (Carmen unit)	24.00	61.00	114.00
%CV	7.9	6.4	6.1

#### Inter-assay Precision

Three human serum samples were assayed 17 times in duplicate by three operators to determine precision between assays.

Parameters	Sample 1	Sample 2	Sample 3
Mean (Carmen unit)	24.00	61.00	114.00
%CV	5.5	5.0	5.4

#### Recovery

Take three samples of high concentration, middle concentration and low concentration to test the samples of each concentration for 6 times parallelly to get the average recovery rate of 97%.

	Standard 1	Standard 2	Standard 3
Expected Conc. (Carmen unit)	24	61	114
Observed Conc. (Carmen unit)	26.04	59.85	153
Recovery rate (%)	96	97	99

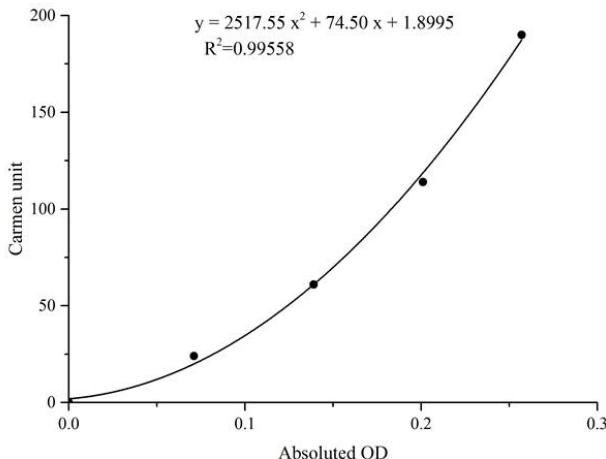
#### Sensitivity

The analytical sensitivity of the assay is 1.1 IU/L. This was determined by adding two standard deviations to the mean O.D. obtained when the zero standard was assayed 20 times, and calculating the corresponding concentration.

## 2. Standard curve:

As the OD value of the standard curve may vary according to the conditions of the actual assay performance (e.g. operator, pipetting technique or temperature effects), so the standard curve and data are provided as below for reference only:

Carmen unit	0	24	61	114	190
Average OD	0.222	0.293	0.361	0.423	0.479
Absoluted OD	0	0.071	0.139	0.201	0.257



## Appendix Π Example Analysis

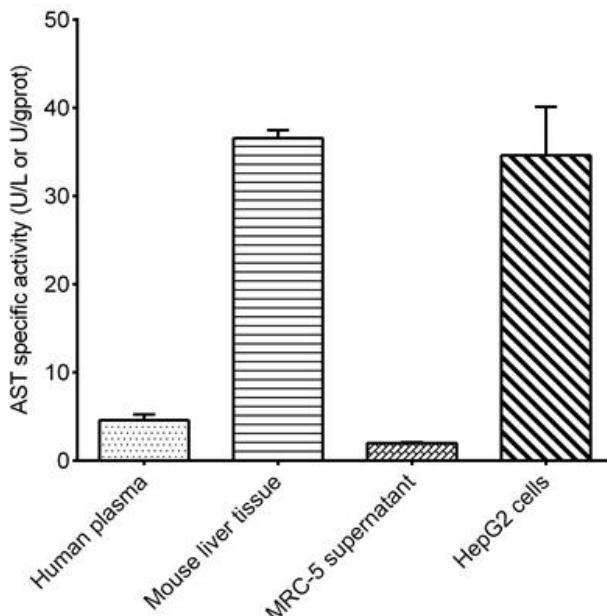
### Example analysis:

Take 5  $\mu$ L of human serum, carry the assay according to the operation steps. The results are as follows:

standard curve:  $y = 2517.55 x^2 + 74.50 x + 1.8995$ , the average OD value of the sample is 0.259, the average OD value of the control is 0.233, and the calculation result is:

$$\text{AST activity (IU/L)} = [2517.55 \times (0.259 - 0.233)^2 + 74.50 \times (0.259 - 0.233) + 1.8995] \times 0.482 = 2.67 \text{ IU/L}$$

Detect human plasma, 10% mouse liver tissue homogenate (the concentration of protein is 9.58 gprot/L, dilute for 20 times), culture supernatant of MRC-5 cells and HepG2 cells (the concentration of protein is 3.39 gprot/L, dilute for 5 times) according to the protocol, the result is as follows:



### Appendix III Publications

1. Fang X, Ding H, Chen Y, et al. Wireless Optogenetic Targeting Nociceptors Helps Host Cells Win the Competitive Colonization in Implant - Associated Infections[J]. *Small Methods*, 2024, 8(12): 2400216.
2. Ma X, Zhang W, Chen Y, et al. Paeoniflorin inhibited GSDMD to alleviate ANIT-induced cholestasis via pyroptosis signaling pathway[J]. *Phytomedicine*, 2024, 134: 156021.
3. Cao C, Liu W, Guo X, et al. Identification and validation of efferocytosis-related biomarkers for the diagnosis of metabolic dysfunction-associated steatohepatitis based on bioinformatics analysis and machine learning[J]. *Frontiers in Immunology*, 2024, 15: 1460431.
4. Popa A, Usatiuc L O, Scurtu I C, et al. Assessing the Anti-Inflammatory and Antioxidant Activity of Mangiferin in Murine Model for Myocarditis: Perspectives and Challenges[J]. *International Journal of Molecular Sciences*, 2024, 25(18): 9970.Y
5. Kaboutari M, Asle-Rousta M, Mahmazi S. Protective effect of menthol against thioacetamide-induced hepatic encephalopathy by suppressing oxidative stress and inflammation, augmenting expression of BDNF and  $\alpha$ 7-nACh receptor, and improving spatial memory[J]. *European Journal of Pharmacology*, 2024, 981: 176916.
6. Zhao Y, Wang R, Li A, et al. Protective effect of hydroxysafflor yellow a on thioacetamide-induced liver injury and osteopenia in zebrafish[J]. *Toxicology and Applied Pharmacology*, 2024, 492: 117109.

## **Statement**

1. This assay kit is for Research Use Only. We will not response for any arising problems or legal responsibilities causing by using the kit for clinical diagnosis or other purpose.
2. Please read the instructions carefully and adjust the instruments before the experiments. Please follow the instructions strictly during the experiments.
3. Protection methods must be taken by wearing lab coat and latex gloves.
4. If the concentration of substance is not within the detection range exactly, an extra dilution or concentration should be taken for the sample.
5. It is recommended to take a pre-test if your sample is not listed in the instruction book.
6. The experimental results are closely related to the situation of reagents, operations, environment and so on. Elabscience will guarantee the quality of the kits only, and NOT be responsible for the sample consumption caused by using the assay kits. It is better to calculate the possible usage of sample and reserve sufficient samples before use.



