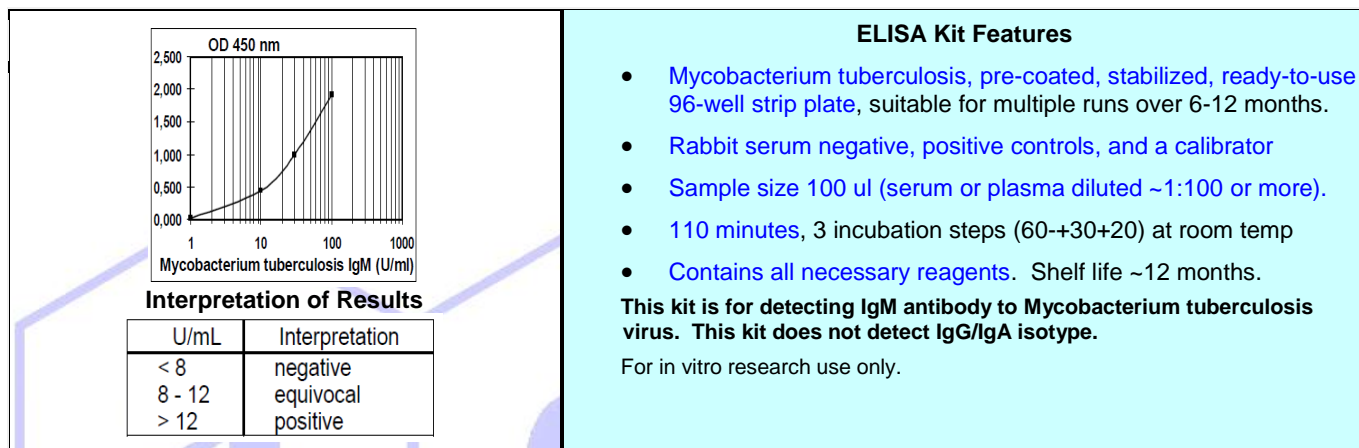


## Rabbit Anti-Mycobacterium Tuberculosis IgM ELISA kit, 96 tests# 990-320-TRM

**Mycobacterium tuberculosis IgM antibody ELISA kit** has been designed for the detection of IgM class antibodies against *M. tuberculosis* in serum and plasma of rabbit injected with the tuberculosis vaccine or naturally infected animals. For research use only, not for use in diagnostic procedures.



### ELISA Kit Features

- **Mycobacterium tuberculosis, pre-coated, stabilized, ready-to-use 96-well strip plate**, suitable for multiple runs over 6-12 months.
- **Rabbit serum negative, positive controls, and a calibrator**
- **Sample size 100 ul (serum or plasma diluted ~1:100 or more).**
- **110 minutes**, 3 incubation steps (60+30+20) at room temp
- **Contains all necessary reagents.** Shelf life ~12 months.

**This kit is for detecting IgM antibody to Mycobacterium tuberculosis virus. This kit does not detect IgG/IgA isotype.**

For in vitro research use only.

### Assay Procedure:

Allow all reagents to reach room temperature. Arrange and label required number of strips. Please consult the detailed manual provided with the kit for "FINAL UPDATED PROTOCOL".

- Step 1.** Pipet **100 ul** controls, standards, pre-diluted samples (~1:100) into wells. Cover and incubate for 60 mins at room temp;  
**Step 2.** Aspirate and wash 3 times; Add **100 ul** of antibody conjugate to wells. Cover and incubate for 30 min at room temp.  
**Step 3.** Aspirate and wash 3 times; Add **100 ul** Substrate Solution. Cover and incubate for 20 minutes at room temp.  
**Step 4** Add **100ul** Stop Solution. Read at 450nm immediately.

### General Information

Mycobacterioses (tuberculosis, leprosy, atypical mycobacterioses, paratuberculosis, and perhaps Crohn's Disease) are diseases of men and animals with the largest diffusion on earth. The infectious agents of tuberculosis are acid-resistant rod-like bacteria of the family Mycobacteriaceae, genus Mycobacterium. The organism was detected by Robert Koch in 1882. Owing to the very high infectivity of pathogenic mycobacteria, early diagnosis is essential to prevent spreading of the disease. Convergence of various approaches are necessary to control the mycobacterioses, immune reactions and bacterial shedding being variable during the diseases. However, typical procedures were until recently unsatisfactory and did not allow differentiation among different mycobacterial species. Disease is normally transferred by droplets of saliva from infected persons. The target of the infection are mostly the lungs, but also other organs such as the brain, intestinal tract, bones, lymph nodes and kidneys can be afflicted. Tuberculosis is not only found in developing countries with 8 million of new infections yearly, but also in industrialized civilizations, as an actual disease with some thousands of cases yearly. Without treatment, the disease leads in 50% of the cases to death within less than two years. Clinical symptoms are fatigue, loss of weight, lack of appetite, light fever, nocturnal sweat and pain in the chest. Individuals with HIV are at risk for infection by tuberculosis due to their impaired immune system. A vaccination with living attenuated bacteria is possible (BCG = Bacille Calmette Guérin). This is mostly done with newborn or young children. With older individuals, prior to vaccination the tuberculin test (Pirquet or Mantoux) is administered, where a small amount of tuberculin is injected under the skin. In a positive case, there exist antibodies against Mycobacteria, and a vaccination is not necessary. Up to recently, there have not existed any serological methods to detect tuberculosis antibodies in serum. The only available procedure in addition to the skin tuberculin test was direct microscopic identification of the dyed bacteria in sputum. Recently specific antigens have been prepared either by purification of natural material or by recombinant methods.

Additional ELISA kits to detect the Mycobacterium tuberculosis antibody in mouse and other species are also available for research. These kits should be useful to determine the *M. tuberculosis* antibodies due to natural infection or upon vaccination with BCG vaccine.

**Related ELISA kits** (<http://www.4adi.com/commerce/ccc2728-tuberculosis-vaccine-elisa-and-reagents-tuberculosis-vaccine-elisa-reagents.htm>)

990-100-THA	Human Anti-M. Tuberculosis IgA ELISA kit	990-110-THG	Human Anti- M.Tuberculosis IgG ELISA kit
990-120-THM	Human Anti- M.Tuberculosis IgM ELISA kit	990-210-TMG	Mouse Anti- M.Tuberculosis IgG ELISA kit
990-220-TMM	Mouse Anti- M.Tuberculosis IgM ELISA kit	990-230-06G	Mouse Anti-M. Tuberculosis 6kDa/ESAT-6 IgG
990-240-16G	Mouse Anti-M. Tuberculosis 16kDa/Hsp <sub>x</sub> IgG ELISA	990-245-16M	Mouse Anti-M. Tuberculosis 16kDa/Hsp <sub>x</sub> IgM
990-250-38G	Mouse Anti-M. Tuberculosis 38kDa/Ag85b IgG ELISA	990-255-38M	Mouse Anti-M. Tuberculosis 38kDa/Ag85b IgM
990-310-TRG	Rabbit Anti- M.Tuberculosis IgG ELISA kit	990-320-TRM	Rabbit Anti- M.Tuberculosis IgM ELISA kit
990-400-MTG	Monkey Tuberculosis antibody ELISA kit		990-320-TRM-flr <b>Rev. 120528A</b>

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