

PAH (p-Aminohippuric Acid) Assay Kit

(Catalog #K860-100; 100 assays; Store at -20°C)

I. Introduction:

p-Aminohippuric acid (PAH) is a derivative of hippuric acid and useful as a diagnostic agent for the measurement of renal plasma flow. About 20-30% is completely filtered by the glomerulus and not readsorbed by the tubules. The remainder which bypasses the glomerulus and enters the tubules is completely secreted. At low doses, PAH is almost completely removed with one-pass through the kidneys. Hence, the venous concentration of PAH is close to zero and PAH has been used to determine the effective renal plasma flow (eRPF) from the plasma. The venous concentration is usually < 10% that of the plasma concentration so eRPF slightly underestimates the actual RPF. This error is generally accepted because of the ease with which PAH infusion allows calculation of eRPF.

$$eRPF = ([PAH]_{IJ} / [PAH]_P) \times Urine Volume$$

BioVision's assay utilizes a 96-well format in which PAH reacts with Dimethylaminocinnamaldehyde (DACA) which gives a strongly colored derivative at 550 nm. The amounts of PAH in urine and plasma can easily be quantified.

II. Kit Contents:

Component	K860-100	Cap Code	Part Number
TCA (15 %) DACA solution	15 ml 15 ml	NM NM/Brown	K860-100-1 K860-100-2
PAH Standard (10 mg/ml)	100 µl	Yellow	K860-100-3

III. Storage and Handling:

Store kit at -20°C, protect from light. Keep reagents on ice during use.

IV. Reagent Preparation:

All components are stable for at least 2 months from the date of shipment if kept at -20°C

V. Assay Protocol:

1. Standard Curve Preparations: Dilute the PAH Standard to 0.1 mg/ml by adding 10 μ l of the PAH Standard to 990 μ l of distilled water. Take 200 μ l of the 0.1 mg/ml standard and add 600 μ l of the 15 % TCA solution, mix. Add 0, 10, 20, 30, 40, 50 μ l into a series of wells. Adjust volume to 50 μ l/well with distilled water to generate 0, 0.25, 0.50, 0.75, 1.00,1.25 μ g/well of the PAH Standard.

2. Sample Prep:

Renal plasma flow determination requires both plasma and urine samples. For higher accuracy studies, in some cases, plasma samples bracket the urine sample collection time and interpolation determines the plasma PAH concentration that best corresponds to the time the urine sample was obtained.

Plasma: Dilute 50 μ I EDTA plasma or serum with 50 μ I of the 15% TCA solution. Vortex and place on ice for 5 minutes. Centrifuge to pellet precipitated protein. Use 50 μ I of the clear supernatant per well.

Urine: Dilute 50 μ l with 50 μ l of the 15 % TCA solution. Vortex and place on ice for 10 min. Centrifuge to pellet any precipitated protein. Take 10 μ l and dilute with 190 μ l distilled water. Use 50 μ l/well for testing.

- 3. Reaction: Add 150 μl of the DACA to each well containing standard or test samples. Incubate the reaction for 30 min at room temperature, protect from light.
- 4. Measure absorbance at 550 nm in a microplate reader.

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Calculations: Subtract the 0 Standard background reading from all readings. Plot the Standard Curve. Apply sample readings to the Standard Curve. PAH concentration in samples can be calculated:

Concentration = A * D = PAH (µg/ml)

Or

Concentration = A/V * 1000 = PAH (µg/ml)

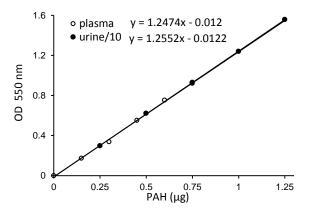
If sample volumes other than recommended in this protocol are used

Where: A = amount of PAH determined from Standard Curve (in μ g).

D = dilution factor (40 for plasma, 800 for urine)

V = volume of sample added per well in microliters

NOTE: DACA can react with other aromatic amines and indoles. Common drugs such as sulfonamides and acetaminophen and their metabolites are included among those which can react. If the presence of these is expected or suspected, the chemical should be tested for reaction with DACA at the concentrations expected



References:

- 1. Agarwal, R., Am. J. Physiol Renal Physiol (2002) 283,F236-F241
- 2. Schwartz, L. B., Gewertz, B. L., Bissell M. G., Clin Chem (1988),165

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