Datasheet

Version: 2.0.0 Revision date: 31 Oct 2025



Human Anti-Beta-2-Microglobulin Antibody (Anti-B2M) ELISA Kit

Catalogue No.:abx585618

Human Anti-Beta-2-Microglobulin Antibody (Anti-B2M) ELISA Kit is an ELISA Kit for the in vitro quantitative measurement of Human Anti-Beta-2-Microglobulin Antibody (Anti-B2M) concentrations in Serum, plasma and other biological fluids.

Target: Anti-Beta-2-Microglobulin Antibody (Anti-B2M)

Research Area: Infection Immunity, Kidney Biomarkers

Reactivity: Human

Tested Applications: ELISA

Recommended dilutions: Optimal dilutions/concentrations should be determined by the end user.

Storage: Shipped at 4°C. Upon receipt, store the kit according to the storage instruction in the kit's manual.

Shelf Life: The validity for this kit is at least 6 months. Up to 12 months validity can be provided on request.

Stability: The stability of the kit is determined by the rate of activity loss. The loss rate is less than 5% within

the expiration date under appropriate storage conditions. To minimize performance fluctuations, operation procedures and lab conditions should be strictly controlled. It is also strongly suggested

that the whole assay is performed by the same user throughout.

UniProt Primary AC: P61769 (UniProt, ExPASy)

Gene Symbol: B2M

GeneID: 567

KEGG: hsa:567

String: <u>9606.ENSP00000452780</u>

Test Range: 3.12 ng/ml - 200 ng/ml

Sensitivity: < 1.19 ng/ml

Detection Method: Colorimetric

Assay Type: Competitive

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Assay Data: Quantitative

Sample Type: Serum, plasma and other biological fluids.

Target Type: Antibody

Note: THIS PRODUCT IS FOR RESEARCH USE ONLY. NOT FOR USE IN DIAGNOSTIC OR

THERAPEUTIC PROCEDURES.

The range and sensitivity is subject to change. Please contact us for the latest product information. For accurate results, sample concentrations must be diluted to mid-range of the kit. If you require a specific range, please contact us in advance or write your request in your order comments.

Please note that our kits are optimised for detection of native samples, rather than recombinant proteins. We are unable to guarantee detection of recombinant proteins, as they may have

different sequences or tertiary structures to the native protein



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