



# Nonesterified Fatty Acid (NEFA) Assay Kit

(Cat/No.:BC151 Size:50T/48S)

## 1. Assay principle (Colorimetric Method)

Nonesterified fatty acids (NEFAs) can chelate with copper ions to form copper fatty acid salts, which are soluble in chloroform. The concentration of these copper fatty acid salts is directly proportional to the NEFA content in the sample. By quantifying the copper ion concentration using a copper reagent, the NEFA content can be indirectly calculated.

## 2. Reagent composition & preparation (Kit validity period: 3 months)

**Reagent 1:** Chloroform (trichloromethane, analytical grade), user-prepared

**Reagent 2:** Buffer solution, 40 mL × 1 bottle, stored at room temperature

**Reagent 3:** Copper Reagent: Solution A (30 mL × 1 bottle), Solution B (30 mL × 1 bottle), Solution C (5 mL × 1 bottle); stored at 4°C. Preparation of Copper Reagent (Reagent 3): Mix Solution A, Solution B, and Solution C at a volume ratio of 10:9:1. Prepare only the required volume. The prepared reagent is stable for 2 weeks when stored at 4°C.

**Reagent 4** Chromogenic Agent: Powder × 2 vials, Diluent (10 mL × 2 bottles); stored at 4°C. Preparation of Chromogenic Agent (Reagent 4): Dissolve 1 vial of powder in 1 bottle (10 mL) of Diluent immediately before use. The prepared reagent is stable for 2 weeks when stored at 4°C.

### Reagent 5:

Palmitic Acid Standard: Powder × 2 vials, Solvent (50 mL × 1 bottle); stored at 4°C. Preparation of 1000 µmol/L Palmitic Acid Standard: Dissolve 1 vial of powder in the Solvent and adjust the final volume to 20 mL (Note: Thoroughly rinse the small centrifuge tube containing the powder with the Solvent to ensure complete transfer).

**Reagent 6:** Double distilled water 40ml×1 bottle (for blank tube).



### 3. Operation procedure

- (1) **Label glass test tubes** (it is suggested to use glass grinding test tubes with stopper in order to prevent reagent volatilization and induce extraction.)
- (2) **Operation table:**

	Blank tube	Standard tube	Sample tube
Double distilled water (ml)	0.2	0.2	
1000 $\mu$ mol/L palmitic acid (ml)		0.2	
Sample to assay (ml)			0.2
Reagent 2 buffer (ml)	0.5	0.5	0.5
Reagent 3 copper reagent (ml)	1.0	1.0	1.0
Chloroform (ml)	4.0	3.8	4.0
Extract by mixing sufficiently for 2 minutes, centrifugate at 3500rpm for 10 minutes, remove blue liquid of upper layer and protein clot, take 2ml extract solution of underlayer for chromogenic reaction.*			
Underlayer extract (ml)	2.0	2.0	2.0
Chromogenic agent (ml)	0.25	0.25	0.25
Mix sufficiently, place at room temperature for 2 minutes, transfer in cuvettes of 1cm light path, measure OD values of all tubes at 440nm (adjust zero by Chloroform).			

#### Note: Detailed Operating Procedures

- ① Vortex thoroughly for 12 minutes until no phase separation is observed in the tube. If ground-glass stoppered tubes are unavailable, disposable 10 mL centrifuge tubes may be used as alternatives (prior to use, verify compatibility by adding chloroform to the centrifuge tube to check for potential chemical reactions).
- ② After vortexing, centrifuge at 3500 rpm for 10 minutes. If the lower-layer liquid is semi-coagulated, the coagulated layer is excessively thick, or the volume of the lower layer is less than 2 ml, gently stir the mixture with a small glass rod or pipette tip and re-centrifuge until clear phase separation is achieved.
- ③ Subsequently, carefully aspirate the upper-layer liquid and coagulated layer using a pipette and discard them.
- ④ Take a syringe and an epidural anesthesia needle (stylet inserted into the cannula). Carefully insert the needle into the lower-layer extract, remove the stylet, attach the syringe, and aspirate 2.3–2.5 mL of the lower-layer extract into a new test tube. This method prevents contamination of the lower layer with the upper-layer liquid or coagulated substances. If contamination



n occurs, re-centrifuge the sample before re-collecting the lower-layer extract; otherwise, the assay results will be affected. If the extract is accidentally found to be foggy or turbid, incubate it in a 37°C water bath for 1–2 minutes to clarify.

⑤ Using the same syringe-equipped needle, accurately transfer 2 mL of the lower-layer extract from the aforementioned test tube into another tube, then add the chromogenic agent to initiate the chromogenic reaction.

⑥ After cleaning the cuvettes with double-distilled water, rinse them thoroughly with absolute ethanol. Zero the spectrophotometer using chloroform before measurement. Failure to do so will result in water droplets mixing with the added chloroform (chloroform and water are immiscible), leading to measurement errors.

⑦ Glass tubes are preferred for all operational steps. Certain types of plastic centrifuge tubes may also be used, but their compatibility must be verified by adding chloroform to ensure no adverse reactions occur.

These 7 steps above are very important to achieve this assay.

#### 4. Calculation and Example.

##### Blood serum NEFA assay:

###### ① Formula:

$$\text{Blood serum NEFA content } (\mu\text{mol/L}) = \frac{\text{OD}_{\text{Sample}} - \text{OD}_{\text{Blank}}}{\text{OD}_{\text{Standard}} - \text{OD}_{\text{Blank}}} \times \text{Standard concentration } (1000 \mu\text{mol/L})$$

$C_{\text{Standard}}$ : Standard concentration, 1000  $\mu\text{mol/L}$

###### ② Example:

Take 0.2ml human blood serum to measure NEFA content, in results,  $\text{OD}_{\text{Blank}}$  is 0.045,  $\text{OD}_{\text{Standard}}$  is 0.311,  $\text{OD}_{\text{Sample}}$  is 0.159, calculate as follows:

$$\begin{aligned} \text{Blood serum NEFA content } (\mu\text{mol/L}) &= \frac{\text{OD}_{\text{Sample}} - \text{OD}_{\text{Blank}}}{\text{OD}_{\text{Standard}} - \text{OD}_{\text{Blank}}} \times \text{Standard concentration } (1000 \mu\text{mol/L}) \\ &= \frac{0.159 - 0.045}{0.311 - 0.045} \times 1000 = 428.6 \text{ } (\mu\text{mol/L}) \end{aligned}$$

##### Tissue NEFA assay:

###### ① Formula:

$$\text{Tissue NEFA content } (\mu\text{mol/gprot}) = \frac{\text{OD}_{\text{Sample}} - \text{OD}_{\text{Blank}}}{\text{OD}_{\text{Standard}} - \text{OD}_{\text{Blank}}} \times \text{Standard concentration } (1000 \mu\text{mol/L}) + \text{Sample protein concentration } (\text{gprot/L})$$



$C_{\text{Standard}}$ : Standard concentration, 1000  $\mu\text{mol/L}$ ;

$C_{\text{pr}}$ : Protein concentration of tissue samples, gprot/L (where "prot" denotes protein).

Note: For non-protein samples, the sample mass concentration (sample mass (g) / total volume of homogenate (L)) can be substituted for the protein concentration in the calculation.

## ② Example:

Take 0.2ml 10% rat liver tissue homogenate supernatant to measure NEFA content, in results,  $OD_{\text{Blank}}$  is 0.045,  $OD_{\text{Standard}}$  is 0.311,  $OD_{\text{Sample}}$  is 0.293, protein concentration in 10% liver

$$\begin{aligned} \text{Tissue NEFA content } (\mu\text{mol/gprot}) &= \frac{OD_{\text{Sample}} - OD_{\text{Blank}}}{OD_{\text{Standard}} - OD_{\text{Blank}}} \times \text{Standard concentration } (\mu\text{mol/L}) + \text{Sample protein concentration } (\text{gprot/L}) \\ &= \frac{0.293 - 0.045}{0.311 - 0.045} \times 1000 + 12.24 = 76.17 \text{ } (\mu\text{mol/gprot}) \end{aligned}$$

homogenate 12.24gprot/L, calculate as follows:

## 5. Announcements

1, You should use glass test tubes and normal spectrophotometer in this assay, plastic test tubes and semi-automatic/automatic biochemical analyser can not be used (organic solvent is harmful for semi-automatic/automatic biochemical analyser)

2, When you take underlayer extract solution, do not let tip contacts with tube surface in order to avoid take copper reagent. Underlayer extract solution must be limpid or result will be higher than true value.

3, Bilirubin can be extracted by Reagent 1 and disturb spectrophotometry, so auriginous blood serum need 1 contrast tube which use n-butanol to instead of chromogenic agent.



## Appendix: Problems in assay

NEFA assay always has high ODBLank, some researchers may get very high ODBLank and ODStandard (even  $>3.000$ ), this situation is caused by operations, please take care of problems as follows:

1, When you do tissue sample assay, do not prepare all samples to homogenate in one time, because various parameters in homogenate will decrease fastly after preparing homogenate. In general, if you prepare homogenate in morning, then you should complete assay in afternoon. If you have too many samples which can not be assayed in one time, then please control "homogenate number" according to "how much samples you can assay today". It is suggested to take samples in batches, each batch needs samples to participate in order to decrease CV between batches.

2, It is suggested to use "retrogression adding method" when you use micropipets. Fresh-hand operator should do adding practise with distilled water at first, then do practise with alcohol and blood serum, it is able to enhance adding sample accuracy.

3, During NEFA mixing procedure, seal test tube by rubber stopper, hold superior part of test tube to mix sufficiently, do not hold middle part or inferior part of test tube or it will cause mixing insufficiently and lead to extraction insufficiently.

4, All containers used in this assay must be cleansed and dried, pollution may cause unnecessary loss. For example, when you prepare copper reagent, if flask is dirty, then prepared reagent may appear turbid. If test tubes are dirty, then some hybrid proteins may cause protein middle layer exists in blank tube.

5, Reagent preparation should follow the right order according to this manual. For example, if you prepare copper reagent in mess, then prepared copper reagent may become turbid and can not be used.

6, Required reagents shouldn't be polluted. Pay attention to your distilled water, various fault experiments are caused by distilled water pollution.

7, After centrifugation, it is recommended that the upper-layer copper reagent be aspirated and discarded using a pipette. For the collection of the lower-layer extract, an appropriately sized puncture needle (i.e., an epidural anesthesia needle) should be employed. If the needle is excessively large (e.g., a needle intended for bovine applications), it may entrain excessive amounts of the upper-layer copper reagent or the intermediate protein layer. Aspiration of the upper-layer copper reagent will lead to abnormally high absorbance values during spectrophotometric measurement, resulting in significant deviations in experimental results. Furthermore, puncture needles should not be cross-used between different experiments; ideally, dedicated glass pipettes or puncture needles should be reserved for each specific experiment to avoid cross-contamination.

8, During the spectrophotometric measurement, proper operation of the spectrophotometer



r must be ensured. For instance, some researchers only zero the spectrophotometer with one cuvette and directly use another cuvette without rinsing and re-zeroing. This practice will cause an abnormally high initial absorbance value due to color adsorption by the cuvette.

9, During reagent preparation, it is crucial to accurately measure the required volumes strictly in accordance with the specifications provided in this manual to enhance the accuracy of the experiment. Arbitrary dispensing of reagents is not permitted.