

# CircuLex S100A9/MRP14 ELISA Kit

Cat# CY-8062

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## Intended Use

The CircuLex Research Product **S100A9/MRP14 ELISA Kit** is used for the quantitative measurement of human S100A9/MRP14 in serum, plasma and other biological media.

**This assay kit is for research use only and not for use in diagnostic or therapeutic procedures.**

## Storage

- Upon receipt store all components at 4°C.
- Don't expose reagents to excessive light.

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## Introduction

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The S100A9/MRP14 protein and S100A8/MRP8 belong to the low molecular mass calcium-binding S100 proteins (1), they are composed of two distinct helix-loop-helix motifs (EF-hands) flanked by hydrophobic regions at either terminus and separated by a central hinge region. In human, S100A9/MRP14 is usually co-expressed with S100A8/MRP8. Both proteins are expressed during myeloid differentiation, are abundant in granulocytes and monocytes, and form heterodimeric complexes (2). Although a number of possible functions for S100A8-A9 heterocomplex, including antimicrobial activity, have been proposed, the exact role of these proteins in cell metabolism is still unclear. In human, they have been associated with several inflammatory diseases (3): phagocytes expressing S100A9 belong to the early infiltrating cells and dominate acute inflammatory lesions; in addition, elevated serum levels of S100A8 and S100A9 have been found in patients suffering from a number of inflammatory disorders including cell arteritis (4), cystic fibrosis, rheumatoid arthritis, dermatoses, chronic inflammatory bowel disease, chronic bronchitis (3), some malignancies and autoimmune diseases (5, 6). Both proteins are localized predominantly in the cytoplasm. An increase in the intracellular calcium concentration leads to a translocation of S100A9 from the cytoplasm to the plasma membrane (7). In addition, it could be demonstrated with human monocytes that both proteins are secreted by an energy-consuming pathway, which is dependent on an intact microtubule network and involves protein kinase C (8). It was reported that S100A9 is a the molecular target of quinoline-3-carboxamides, which are currently in Phase II and III development for treatment of autoimmune/inflammatory diseases in humans (9).

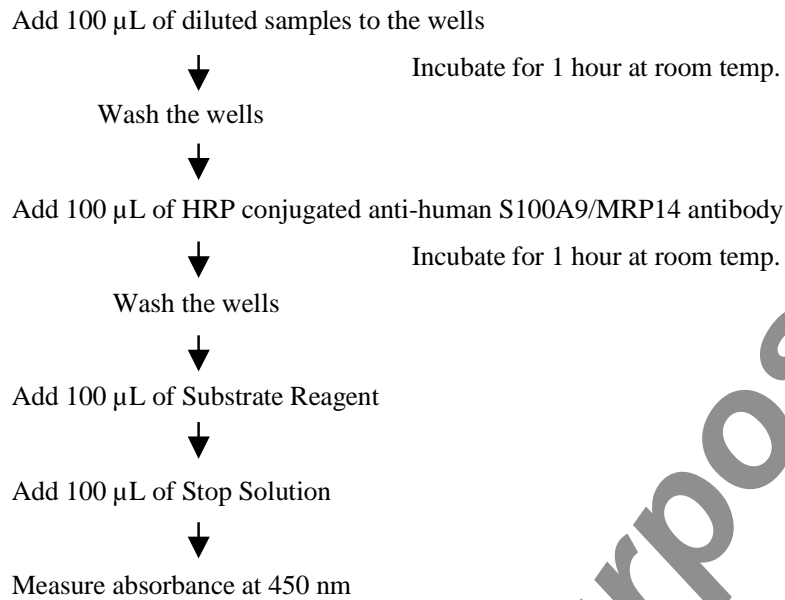
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## Principle of the Assay

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The CycLex Research Product **CircuLex S100A9/MRP14 ELISA Kit** employs the quantitative sandwich enzyme immunoassay technique. A monoclonal antibody specific for human S100A9/MRP14 has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any human S100A9/MRP14 present is bound by the immobilized antibody. After washing away any unbound substances, an HRP conjugated antibody specific for human S100A9/MRP14 is added to the wells. Following a wash to remove any unbound antibody HRP conjugate, the remaining conjugate is allowed to react with the substrate H<sub>2</sub>O<sub>2</sub>-tetramethylbenzidine. The reaction is stopped by addition of acidic solution and absorbance of the resulting yellow product is measured at 450 nm. The absorbance is proportional to the concentration of human S100A9/MRP14. A standard curve is constructed by plotting absorbance values versus human S100A9/MRP14 concentrations of calibrators, and concentrations of unknown samples are determined using this standard curve.

### Summary of Procedure



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## Materials Provided

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All samples and standards should be assayed in duplicate. The following components are supplied and are sufficient for the one 96-well microplate kit.

**Microplate:** One microplate supplied ready to use, with 96 wells (12 strips of 8-wells) in a foil, zip-lock bag with a desiccant pack. Wells are coated with anti-human S100A9/MRP14 monoclonal antibody as a capture antibody.

**10X Wash Buffer** One bottle containing 100 mL of 10X buffer containing 2% Tween®-20

**Sample Dilution Buffer:** One bottle containing 50 mL each of 1X buffer; use for sample dilution. Ready to use.

**Standard Dilution Buffer:** One bottle containing 12 mL each of 1X buffer; use for reconstitution and dilution of Human S100A9 Standard. Ready to use.

**Human S100A9 Standard:** One vial containing 64 ng each of lyophilized recombinant human S100A9/MRP14

**20x HRP conjugated Detection Antibody:** One vial containing 600 µL of HRP (horseradish peroxidase) conjugated anti-human S100A9/MRP14 antibody.

**Conjugate Dilution Buffer:** One bottle containing 12 mL of Conjugate Dilution Buffer.

**Substrate Reagent:** One bottle containing 20 mL of the chromogenic substrate, tetra-methylbenzidine (TMB). Ready to use.

**Stop Solution:** One bottle containing 20 mL of 1 N H<sub>2</sub>SO<sub>4</sub>. Ready to use.

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## Materials Required but not Provided

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- **Orbital microplate shaker**
- **Pipettors:** 2-20  $\mu$ L, 20-200  $\mu$ L and 200-1000  $\mu$ L precision pipettors with disposable tips
- **Precision repeating pipettor**
- **Microcentrifuge and tubes** for sample preparation
- **Vortex mixer**
- **Microplate washer:** optional (Manual washing is possible but not preferable)
- **Plate reader:** capable of measuring absorbance in 96-well plates at dual wavelengths of 450 nm/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. The plate can also be read at a single wavelength of 450 nm, which will give a somewhat higher reading.
- **Software package facilitating data generation and analysis :** optional
- **500 or 1000 mL graduated cylinder**
- **Reagent reservoirs**
- **Deionized water of the highest quality**
- **Disposable paper towels**

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## Precautions and Recommendations

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- Allow all the components to come to room temperature before use.
- All microplate strips that are not immediately required should be returned to the zip-lock pouch, which must be carefully resealed to avoid moisture absorption.
- Do not use kit components beyond the indicated kit expiration date.
- Use only the microtiter wells provided with the kit.
- Rinse all detergent residue from glassware.
- Use deionized water of the highest quality.
- Do not mix reagents from different kits.
- The buffers and reagents used in this kit contain  $\text{NaN}_3$  as preservatives. Care should be taken to avoid direct contact with these reagents.
- Do not mouth pipette or ingest any of the reagents.
- Do not smoke, eat, or drink when performing the assay or in areas where samples or reagents are handled.
- Dispose of tetra-methylbenzidine (TMB) containing solutions in compliance with local regulations.
- Avoid contact with the acidic Stop Solution and Substrate Solution, which contains hydrogen peroxide.
- Wear gloves and eye protection when handling immunodiagnostic materials and samples of rat origin, and these reagents. In case of contact with the Stop Solution and the Substrate Solution, wash skin thoroughly with water and seek medical attention, when necessary.
- **Biological samples may be contaminated with infectious agents. Do not ingest, expose to open wounds or breathe aerosols. Wear protective gloves and dispose of biological samples properly.**
- **CAUTION: Sulfuric Acid is a strong acid. Wear disposable gloves and eye protection when handling Stop Solution.**

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## Sample Collection and Storage

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**Serum:** Allow blood samples to clot for  $60 \pm 30$  minutes. Centrifuge the samples at  $4^{\circ}\text{C}$  for 10 minutes at  $1,000 \times g$ . Remove serum and assay immediately or store samples on ice for up to 6 hours before assaying. Aliquots of serum may also be stored at below  $-70^{\circ}\text{C}$  for extended periods of time. Avoid repeated freeze-thaw cycles.

**Plasma:** Collect plasma by using EDTA- $\text{Na}_2$  as the anticoagulant. If possible, collect the plasma into a mixture of EDTA- $\text{Na}_2$  and Futhan5 to stabilize the sample against spontaneous *in vitro* complement activation. Immediately centrifuge samples at  $4^{\circ}\text{C}$  for 15 minutes at  $1,000 \times g$ . Assay immediately or store samples on ice for up to 6 hours before assaying. Aliquots of plasma may also be stored at below  $-70^{\circ}\text{C}$  for extended periods of time. Avoid repeated freeze-thaw cycles.

**Note:** Citrate plasma has not been validated for use in this assay.

**Other biological samples:** Remove any particulates by centrifugation and assay immediately or aliquot and store samples at below  $-70^{\circ}\text{C}$ . Avoid repeated freeze-thaw cycles.

## Detailed Protocol

The CycLex Research Product **CircuLex S100A9/MRP14 ELISA Kit** is provided with removable strips of wells so the assay can be carried out on separate occasions using only the number of strips required for the particular determination. Since experimental conditions may vary, an aliquot of the Human S100A9/MRP14 Standard within the kit, should be included in each assay as a calibrator. Disposable pipette tips and reagent troughs should be used for all liquid transfers to avoid cross-contamination of reagents or samples.

### Preparation of Working Solutions

All reagents need to be brought to room temperature prior to the assay. Assay reagents are supplied ready-to-use, with the exception of **10X Wash Buffer**, **20x HRP conjugated Detection Antibody** and **Human S100A9 Standard**.

1. Prepare a working solution of Wash Buffer by adding 100 mL of the **10X Wash Buffer** to 900 mL of deionized (distilled) water. Mix well. Store at 4°C for two weeks or -20°C for long-term storage.
2. Prepare HRP conjugated Detection Antibody by 20-fold diluting **20X HRP-conjugated Detection Antibody** with Conjugate Dilution Buffer at the time of assay.

*Prepare appropriate volume for your assay. Discard any unused HRP-conjugated Detection Antibody after diluted.*

3. Reconstitute **Human S100A9 Standard** with **1.0 mL** of **Standard Dilution Buffer**. The concentration of the human S100A9/MRP14 in vial should be **64 ng/mL**, which is referred as a **Master Standard** of human S100A9/MRP14.

Prepare Standard Solutions as follows:

Use the **Master Standard** to produce a dilution series (below). Mix each tube thoroughly before the next transfer. The 3,200 pg/mL standard (Std.1) serves as the highest standard. The Dilution Buffer serves as the zero standard (Blank).

	Volume of Standard	Standard Dilution Buffer	Concentration
Std.1	50 µL of Master Standard (64 ng/mL)	950 µL	3,200 pg/mL
Std.2	300 µL of Std. 1 (3,200 pg/mL)	300 µL	1,600 pg/mL
Std.3	300 µL of Std. 2 (1,600 pg/mL)	300 µL	800 pg/mL
Std.4	300 µL of Std. 3 (800 pg/mL)	300 µL	400 pg/mL
Std.5	300 µL of Std. 4 (400 pg/mL)	300 µL	200 pg/mL
Std.6	300 µL of Std. 5 (200 pg/mL)	300 µL	100 pg/mL
Std.7	300 µL of Std. 6 (100 pg/mL)	300 µL	50 pg/mL
Blank	-	300 µL	0 pg/mL

**Note:** Do not use a Repeating pipette. Change tips for every dilution. Wet tip with Standard Dilution Buffer before dispensing. Unused portions of Master Standards should be aliquoted and stored at below -70 °C immediately. Avoid multiple freeze and thaw cycles.



### Sample Preparation

- Serum and plasma samples require a 50-fold dilution with **Sample Dilution Buffer**.  
*e.g.* 5  $\mu$ L of sample + 245  $\mu$ L of Sample Dilution Buffer
- Other biological samples require neat, 10- and 100-fold dilution with **Sample Dilution Buffer**.

### Assay Procedure

1. Remove the appropriate number of microtiter wells from the foil pouch and place them into the well holder. Return any unused wells to the foil pouch, refold, seal with tape and store at 4°C.
2. Dilute samples with Sample Dilution Buffer. (See "Sample Preparation" above.)
3. Pipette **100  $\mu$ L** of **Standard Solutions (Std1-Std7, Blank)** and **diluted samples** in duplicates, into the appropriate wells.
4. Incubate the plate **at room temperature (ca.25°C) for 1 hour**, shaking at ca. 300 rpm on an orbital microplate shaker.
5. Wash 4-times by filling each well with Wash Buffer (350  $\mu$ L) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
6. Add **100  $\mu$ L** of **HRP conjugated Detection Antibody** into each well.
7. Incubate the plate **at room temperature (ca.25°C) for 1 hour**, shaking at ca. 300 rpm on an orbital microplate shaker.
8. Wash 4-times by filling each well with Wash Buffer (350  $\mu$ L) using a squirt bottle, multi-channel pipette, manifold dispenser or microplate washer.
9. Add **100  $\mu$ L** of **Substrate Reagent**. Avoid exposing the microtiter plate to direct sunlight. Covering the plate with e.g. aluminum foil is recommended. Return Substrate Reagent to 4°C immediately after the necessary volume is removed
10. Incubate the plate **at room temperature (ca. 25°C) for 10-20 minutes**, shaking at ca. 300 rpm on an orbital microplate shaker. The incubation time may be extended up to 30 minutes if the reaction temperature is below than 20°C.
11. Add **100  $\mu$ L** of **Stop Solution** to each well in the same order as the previously added Substrate Reagent.
12. Measure absorbance in each well using a spectrophotometric microplate reader at dual wavelengths of 450/540 nm. Dual wavelengths of 450/550 or 450/595 nm can also be used. Read the microplate at 450 nm if only a single wavelength can be used. Wells must be read within 30 minutes of adding the Stop Solution.

**Note-1:** Complete removal of liquid at each step is essential to good performance. After the last wash, remove any remaining Wash Buffer by aspirating or decanting. Invert the plate and blot it against clean paper towels.

**Note-2:** Reliable standard curves are obtained when either O.D. values do not exceed 0.2 units for the blank (zero concentrations), or 2.8 units for the highest standard concentration. The plate should be monitored at 5-minute intervals for approximately 30 minutes.

**Note-3:** If the microplate reader is not capable of reading absorbance greater than the absorbance of the highest standard, perform a second reading at 405 nm. A new standard curve, constructed using the values measured at 405 nm, is used to determine human S100A9/MRP14 concentration of off-scale samples. The readings at 405 nm should not replace the on-scale readings at 450 nm.

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## Calculations

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Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density. Plot the optical density for the standards versus the concentration of the standards and draw the best curve. To determine the human S100A9/MRP14 concentration of each sample, first find the absorbance value on the y-axis and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the x-axis and read the corresponding human S100A9/MRP14 concentration. If the samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

1. The dose-response curve of this assay fits best to a sigmoidal 4-parameter logistic equation. The results of unknown samples can be calculated with any computer program having a 4-parameter logistic function. It is important to make an appropriate mathematical adjustment to accommodate for the dilution factor.
2. Most microtiter plate readers perform automatic calculations of analyte concentration. The calibration curve is constructed by plotting the absorbance (Y) of calibrators versus log of the known concentration (X) of calibrators, using the four-parameter function. Alternatively, the logit log function can be used to linearize the calibration curve (i.e. logit of absorbance (Y) is plotted versus log of the known concentration (X) of calibrators).

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## Measurement Range

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The measurement range is 50 pg/mL to 3,200 pg/mL. Any sample reading higher than the highest standard should be diluted with Dilution Buffer in higher dilution and re-assayed. Dilution factors need to be taken into consideration in calculating the human S100A9 concentration.

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## Troubleshooting

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1. The Human S100A9 Standard should be run in duplicate, using the protocol described in the **Detailed Protocol**. Incubation times or temperatures significantly different from those specified may give erroneous results.
2. Poor duplicates, accompanied by elevated values for wells containing no sample, indicate insufficient washing. If all instructions in the **Detailed Protocol** were followed accurately, such results indicate a need for washer maintenance.
3. Overall low signal may indicate that desiccation of the plate has occurred between the final wash and addition of Substrate Reagent. Do not allow the plate to dry out. Add Substrate Reagent immediately after wash.

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## Reagent Stability

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All of the reagents included in the CycLex Research Product **CircuLex S100A9/MRP14 ELISA Kit** have been tested for stability. Reagents should not be used beyond the stated expiration date. Upon receipt, kit reagents should be stored at 4°C, except the reconstituted Human S100A9 Standard must be stored at below -70°C. Coated assay plates should be stored in the original foil bag sealed by the zip lock and containing a desiccant pack.

For Research Use Only, Not For Use in Diagnostic or Therapeutic procedures

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## Assay Characteristics

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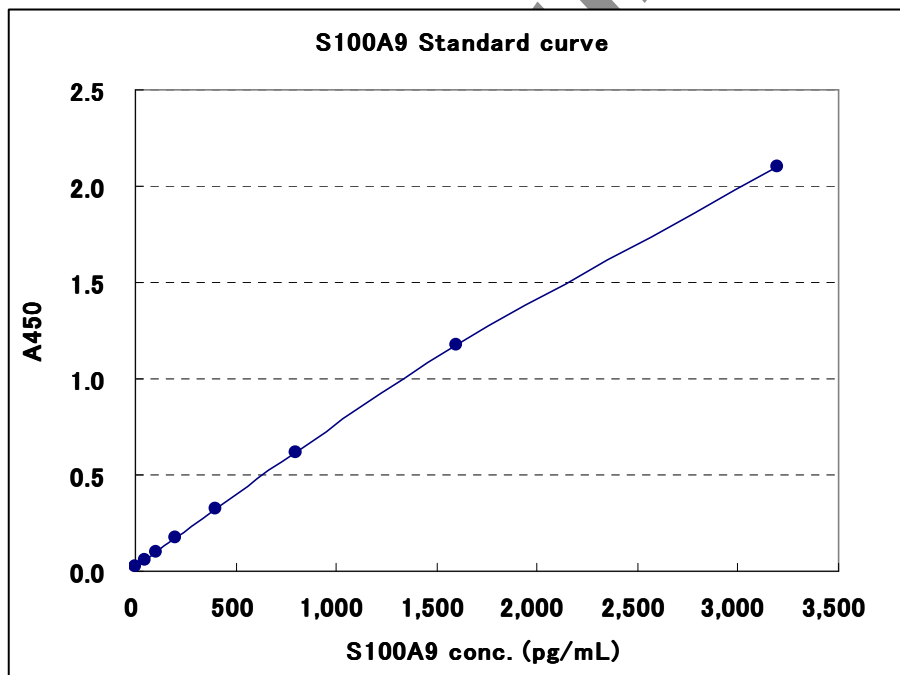
### 1. Sensitivity

Twenty-one assays were evaluated and the minimum detectable dose (MDD) of human S100A9/MRP14.

The MDD (defined as such a concentration of human S100A9/MRP14 giving absorbance higher than mean absorbance of blank\* plus three standard deviations of the absorbance of blank: A blank + 3\*SD blank) is better than 6.55 pg/ml of sample.

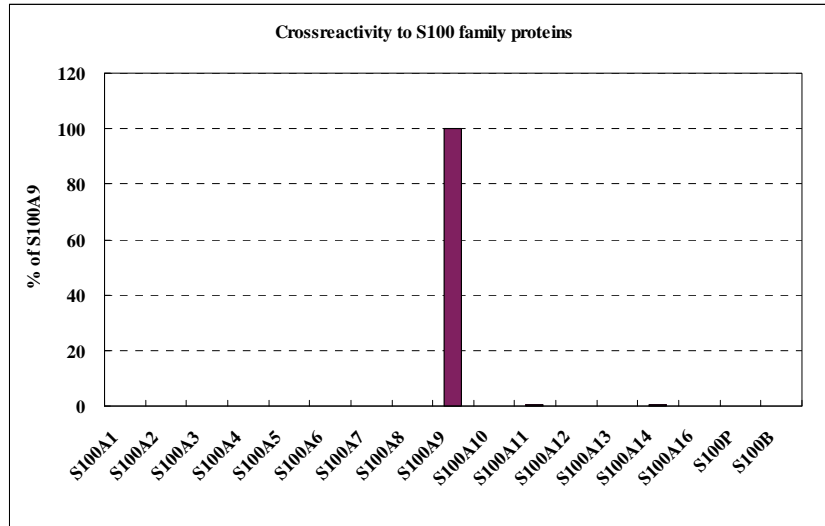
\* Dilution Buffer is pipetted into blank wells.

### Typical Standard Curve



**2. Specificity**

The antibodies in the human S100A9/MRP14 ELISA Kit are highly specific of human S100A9, with no detectable cross-reactivity to all other S100 proteins.



**3. Precision**

Intra-assay Precision (Precision within an assay)

Four samples of known concentration were tested eight times on one plate to assess intra-assay precision.

- Intra-assay (Within-Run, n=8) CV=2.2-6.3 %

	Serum-1	Serum-2	Serum-3	Serum-4
1	1.82	6.69	13.35	20.38
2	1.95	6.69	13.10	19.86
3	1.88	7.25	13.59	20.54
4	1.95	7.07	14.95	21.34
5	2.00	6.70	13.72	20.89
6	2.00	6.48	13.17	20.63
7	2.24	6.32	13.11	20.11
8	2.00	6.98	13.23	20.56
Max.	2.24	7.25	14.95	21.34
Min.	1.82	6.32	13.10	19.86
Mean	1.98	6.77	13.53	20.54
S.D.	0.13	0.31	0.62	0.45
C.V. (%)	6.3	4.6	4.6	2.2

Inter-assay Precision (Precision between assays)

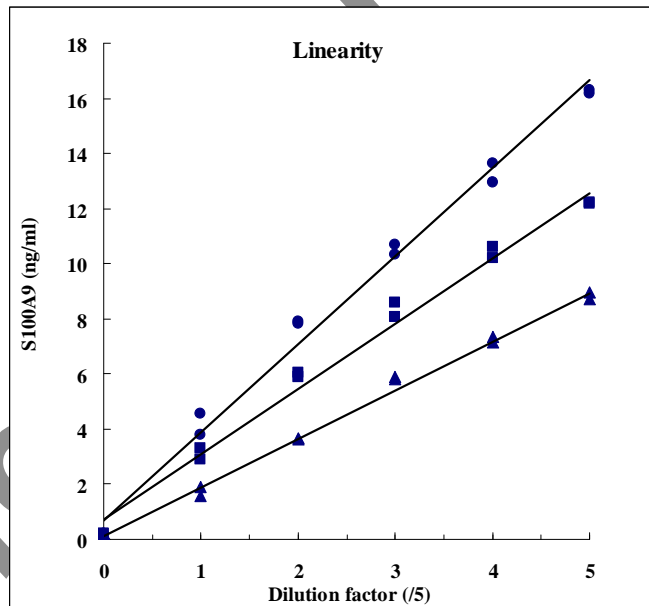
Three samples of known concentration were tested in four separate assays to assess inter-assay precision.

- Inter-assay (Run-to-Run, n=4). CV=5.0-10.8 %

	Serum-1	Serum-3	Serum-4
1	1.9	13.7	20.5
2	2.1	13.3	20.5
3	2.1	15.5	22.1
4	2.0	16.8	24.8
Max.	2.1	16.8	24.8
Min.	1.9	13.3	20.5
<b>Mean</b>	<b>2.0</b>	<b>14.8</b>	<b>22.0</b>
<b>S.D.</b>	<b>0.1</b>	<b>1.6</b>	<b>2.0</b>
<b>C.V. (%)</b>	<b>5.0</b>	<b>10.8</b>	<b>9.1</b>

**5. Linearity**

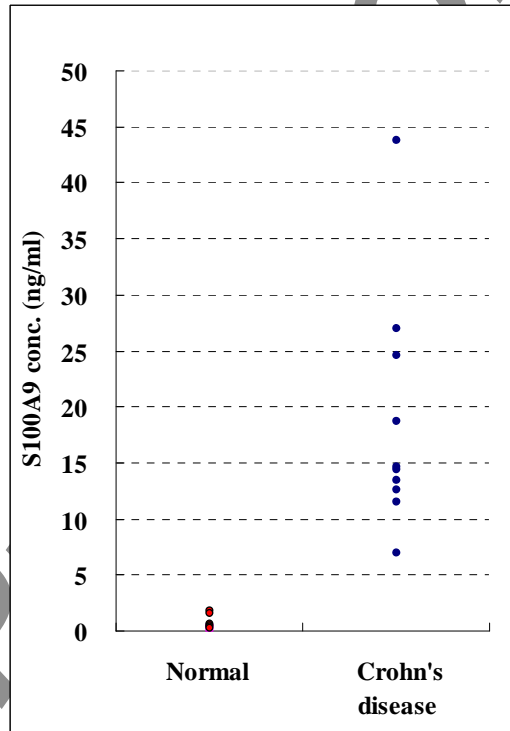
To assess the linearity of the assay, samples containing and/or spiked with high concentrations of human S100A9/MRP14 were serially diluted with the Dilution Buffer to produce samples with values within the dynamic range of the assay.



**Example of Test Results**

Fig.1 Concentrations of S100A9/MRP14 in Crohn's disease patients' sera (n=10) and healthy Japanese volunteers' sera (n=7)

No.	Specimen	S100A9 conc. (ng/ml)
1	Normal serum #1	0.6
2	Normal serum #2	0.3
3	Normal serum #3	1.8
4	Normal serum #4	0.5
5	Normal serum #5	0.3
6	Normal serum #6	0.3
7	Normal serum #7	1.6
8	Crohn's disease patient serum #1	7.0
9	Crohn's disease patient serum #2	11.6
10	Crohn's disease patient serum #3	14.4
11	Crohn's disease patient serum #4	13.4
12	Crohn's disease patient serum #5	27.0
13	Crohn's disease patient serum #6	12.6
14	Crohn's disease patient serum #7	24.6
15	Crohn's disease patient serum #8	43.8
16	Crohn's disease patient serum #9	18.7
17	Crohn's disease patient serum #10	14.4



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**References**

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1. Odink, K. et al. (1987) *Nature* **330**, 80-82.
2. Kerkhoff, C., Klempt, M. & Sorg, C. (1998) *Biochim. Biophys. Acta* **1448**, 200-211.
3. Sorg, C. (1992) *Behring Inst. Mitt.* **91**, 126-137.
4. Foell, D., Hernandez-Rodriguez, J., Sanchez, M., Vogl, T., Cid, M. C., and Roth, J. (2004) *J. Pathol.* **204**, 311–316
5. Nacken, W., Roth, J., Sorg, C., and Kerkhoff, C. (2003) *Microsc. Res. Tech.* **60**, 569–580
6. Foell, D., Frosch, M., Sorg, C., and Roth, J. (2004) *Clin. Chim. Acta.* **344**, 37–51
7. Van den Bos, C., Roth, J., Koch, H.G., Hartmann, M. & Sorg, C. (1996) *J. Immunol.* **156**, 1247–1254.
8. Rammes, A., Roth, J., Goebeler, M., Klempt, M., Hartmann, M. & Sorg, C. (1997) *J. Biol. Chem.* **272**, 9496–9502.
9. Bjork, P. et al. (1997) *PLoS Biol.* **7**, e1000097, 2009

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**Related Products**

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- \* **CircuLex S100A13 ELISA Kit: Cat# CY-8057**
- \* **CircuLex S100A12 ELISA Kit: Cat# CY-8058**
- \* **CircuLex S100P ELISA Kit: Cat# CY-8060**
- \* **CircuLex S100A8-MRP8 ELISA Kit: Cat# CY-8061**
- \* **CircuLex S100A9-MRP14 ELISA Kit: Cat# CY-8062**
- \* **CircuLex S100A11 ELISA Kit: Cat# CY-8063**
- \* **CircuLex S100A14 ELISA Kit: Cat# CY-8064**
- \* **CircuLex S100A7/Psoriasin ELISA Kit: Cat# CY-8073**
- \* **CircuLex S100A4 ELISA Kit Ver.2: Cat# CY-8086**
  
- \* **Anti-Human S100A3 (Clone YK-3E3): Cat# CY-M1039**
- \* **Anti-Human S100A4 (p9Ka): Cat# CY-P1026**
- \* **Anti-Human S100P: Cat# CY-P1028**
- \* **Anti-Human S100A10: Cat# CY-P1033**
- \* **Anti-Human S100A16: Cat# CY-P1034**
- \* **Anti-Human S100A3: Cat# CY-P1039**
- \* **Anti-Human S100A2: Cat# CY-P1040**
  
- \* **Human S100B: Cat# CY-R2250**
- \* **Human S100A1: Cat# CY-R2251**
- \* **Human S100A2: Cat# CY-R2252**
- \* **Human S100A3: Cat# CY-R2253**
- \* **Human S100A4: Cat# CY-R2254**
- \* **Human S100A5: Cat# CY-R2255**
- \* **Human S100A6: Cat# CY-R2256**
- \* **Human S100A7: Cat# CY-R2257**

- \* Human S100A8: Cat# CY-R2258
- \* Human S100A9: Cat# CY-R2259-G
- \* Human S100A9: Cat# CY-R2259-H
- \* Human S100A10: Cat# CY-R2260
- \* Human S100A12: Cat# CY-R2262-G
- \* Human S100A12: Cat# CY-R2262-H
- \* Human S100A13: Cat# CY-R2263
- \* Human S100A14: Cat# CY-R2264
- \* Human S100A16: Cat# CY-R2266
- \* Human S100P: Cat# CY-R2267
- \* Human S100A11: Cat# CY-R2269

- \* Human S100A1 Low Endotoxin: Cat# CY-R2451
- \* Human S100A3 Low Endotoxin: Cat# CY-R2453
- \* Human S100A4 Low Endotoxin: Cat# CY-R2454
- \* Human S100A7 Low Endotoxin: Cat# CY-R2457
- \* Human S100A8 Low Endotoxin: Cat# CY-R2458
- \* Human S100A9 Low Endotoxin: Cat# CY-R2459-G
- \* Human S100A11 Low Endotoxin: Cat# CY-R2461
- \* Human S100A12 Low Endotoxin: Cat# CY-R2462-G
- \* Human S100A14 Low Endotoxin: Cat# CY-R2464
- \* Human S100P Low Endotoxin: Cat# CY-R2467

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