

**Human Arginine Vasopressin Receptor 1A
Reporter Assay System
(AVPR1A)**

96-well Format Assays
Product # IB37001

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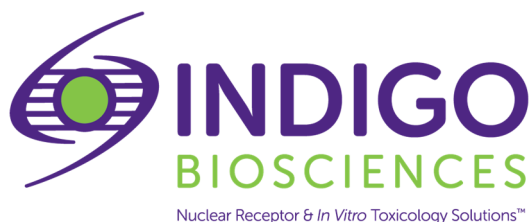
Technical Manual
(version 7.2i)

www.indigobiosciences.com

3006 Research Drive, Suite A1, State College, PA 16801, USA

Customer Service:
814-234-1919; FAX 814-272-0152
customerserv@indigobiosciences.com

Technical Service:
814-234-1919
techserv@indigobiosciences.com



Human AVPR1A Reporter Assay System 96-well Format Assays

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I. Description

▪ Background ▪

The Arginine Vasopressin Receptor 1A (**AVPR1A**) is a member of the family of G-Protein-coupled receptors (GPCR)². There are three subtypes of vasopressin receptors identified in humans, which are AVPR1A, AVPR1B and AVPR2³.

The natural ligand of AVPR1A is vasopressin, which is synthesized in the hypothalamus and secreted into the posterior pituitary¹. Like the closely similar neuropeptide, oxytocin, vasopressin is a nine amino acid neuropeptide that is classified as an antidiuretic hormone (ADH)¹. Release of vasopressin is mediated by stimuli such as hemorrhage or dehydration. When vasopressin binds to AVPR1A signal transduction is mediated through G $\alpha_{q/11}$ GTP binding proteins⁴.

Like their respective ligands, vasopressin receptors and the oxytocin receptor (OXTR) are structurally similar (*e.g.*, 85% between AVPR1A and OXTR)⁵. However, ligand selectivity for those receptors is different. The affinity of vasopressin for AVPR1A and AVPR1B is same as OXTR, whereas oxytocin has a significantly higher affinity for OXTR than for the vasopressin receptors⁵.

The physiological roles induced by AVPR1A vary in both the peripheral and central system. For example, AVPR1A is highly distributed on vascular smooth muscle and plays a role as a vasoconstrictor to maintain water balance in our body⁶. Expression of AVPR1A is also detected in the liver, kidney⁷ and the uterus⁸. The distribution of AVPR1A is not only limited to the peripheral tissues but also expressed in the brain⁹. AVPR1A has been implicated to play a role in social cognition and behavior in humans¹⁰.

Much effort has been made to investigate the roles of AVPR1A and to identify bioactive peptide analogues and small molecule ligands. Many peptide analogues are utilized as agonists to induce antidiuretic or vasoconstricting activities¹¹. In contrast, small molecules are better therapeutic agents as antagonists due to relatively improved bioavailability and stability¹². Several clinical approaches using AVPR1A antagonists have been shown to improve social communications and social sensitivity in Autism¹³.

▪ The Assay System ▪

This assay utilizes proprietary human cells that have been engineered to provide constitutive expression of the Human Arginine Vasopressin Receptor 1A (AVPR1A).

Upon activation by its physiological ligand vasopressin, AVPR1A activates G $\alpha_{q/11}$ to mediate several downstream pathways. This includes activation of the phospholipase C (PLC) pathway, which leads to the release of inositol triphosphate (IP3), resulting in an increase in intracellular calcium and the concomitant activation of calcineurin, a calcium-dependent phosphatase. Ca⁺²-calcineurin acts to dephosphorylate and activate the transcription factor NFAT¹⁴. The AVPR1A signal transduction cascade that leads to activation of Ca⁺²-calcineurin > NFAT is the pathway exploited by the reporter cells provided in this kit.

INDIGO's AVPR1A Reporter Cells contain an engineered luciferase reporter gene functionally linked to tandem consensus sequences of the NFAT genetic response elements and a minimal promoter. Activated NFAT binds to these response elements to seed the formation of a complete transcription complex that drives luciferase reporter gene expression. Quantifying relative changes in luciferase activity in the treated reporter cells relative to the untreated cells provides a sensitive surrogate measure of drug-induced changes in AVPR1A activity.

The principal application of this reporter assay is in the screening of test samples to quantify functional interactions, either activating or inhibitory, that they may exert against AVPR1A, or the coupled Ca⁺²-calcineurin / NFAT signal transduction pathway.

INDIGO's Reporter Cells are transiently transfected and prepared as frozen stocks using a proprietary **CryoMite™** process. This cryo-preservation method allows for the immediate dispensing of healthy, division-competent reporter cells into assay plates. There is no need for intermediate treatment steps such as spin-and-rinse of cells, extended pre-culture, viability determinations, or cell titer adjustments prior to assay setup.

INDIGO's assay kits provide the convenience of an all-inclusive cell-based assay system. In addition to AVPR1A Reporter Cells, provided are two optimized media for use in recovering the cryopreserved cells and for diluting test samples, the reference activator Vasopressin, Luciferase Detection Reagents, and a cell culture-ready assay plate.

▪ The Assay Chemistry ▪

INDIGO's nuclear receptor assay kits capitalize on the extremely low background, high-sensitivity, and broad linear dynamic range of bio-luminescence reporter gene technology.

Reporter Cells incorporate the cDNA encoding beetle luciferase, a 62 kD protein originating from the North American firefly (*Photinus pyralis*). Luciferase catalyzes the mono-oxidation of D-luciferin in a Mg⁺²-dependent reaction that consumes O₂ and ATP as co-substrates to yield oxyluciferin, AMP, PP_i, CO₂, and photon emission. Luminescence intensity of the reaction is quantified using a luminometer and is reported in terms of Relative Light Units (RLU's).

Assay kits feature a luciferase detection reagent specially formulated to provide stable light emission between 5 and 90+ minutes after initiating the luciferase reaction. Incorporating at least a 5-minute reaction-rest period ensures that light emission profiles attain maximal stability, thereby allowing assay plates to be processed in batch. By doing so, the signal output from all sample wells, from one plate to the next, may be directly compared within an experimental set.

▪ Preparation of Test Compounds ▪

Small-molecule test compounds are typically solvated in DMSO at high concentrations; ideally 1,000x-concentrated stocks relative to the highest desired treatment concentration in the assay. Using high-concentration stocks minimizes DMSO carry-over into the assay plates.

Stocks of test materials that are **Protein** or **Poly-peptide** ligands, or **Antibodies**, should be solvated in aqueous buffered solutions with carrier protein (*e.g.*, PBS + 0.1% BSA) at concentrations *no less* than 10x-concentrated relative to the highest desired treatment concentration.

Immediately prior to setting up an assay, the above master stocks are serially diluted using one of two alternative strategies:

1.) For both **small-molecule** and **proteinaceous** test samples, **Compound Screening Medium (CSM)** may be used as the diluent to achieve the desired assay concentration series, as described in *Step 7* (pg. 9).

Alternatively, if **small-molecule** test compound solubility is expected to be problematic, 2.) DMSO may be used to make serial dilutions to produce 1,000x-concentrated stocks for each independent test concentration. Treatment media are then prepared using CSM to make 1,000-fold dilutions of the prepared DMSO dilution series. Note: Do not use DMSO as the diluent for proteinaceous test compounds.

Regardless of the dilution method used, the concentration of total DMSO (or any organic solvent) carried over into assay wells should not exceed 0.4%. Emerging cytotoxicity can be expected above 0.4% DMSO exposure over the 24-hour assay period.

NOTE: CSM is formulated to help stabilize hydrophobic small-molecule test compounds in the aqueous environment of the treatment media. Nonetheless, high concentrations of small organic molecules diluted in CSM may lack long-term stability and/or solubility, especially if further stored at low temperatures. Hence, it is recommended that compound dilutions are prepared in CSM immediately prior to assay setup and are then treated as 'single-use' reagents.

▪ **Considerations for Automated Dispensing** ▪

When using an automated dispensing instrument to process a small number of assay plates, first carefully consider the dead volume requirement of your instrument before committing assay reagents to its setup. In essence, "dead volume" is the volume of reagent that is dedicated to the instrument; it will *not* be available for final dispensing into assay wells. The following Table provides information on reagent volume requirements, and available excesses.

Stock Reagent & Volume provided	Volume to be Dispensed (96-well plate)	Excess rgt. volume available for instrument dead volume
Reporter Cell Suspension 21 ml <i>(prepared from kit components)</i>	200 µl / well 19.2 ml / plate	~ 1.8 ml
LDR 12 ml <i>(prepared from kit components)</i>	100 µl / well 9.6 ml / plate	~ 2.4 ml

▪ **Assay Scheme** ▪

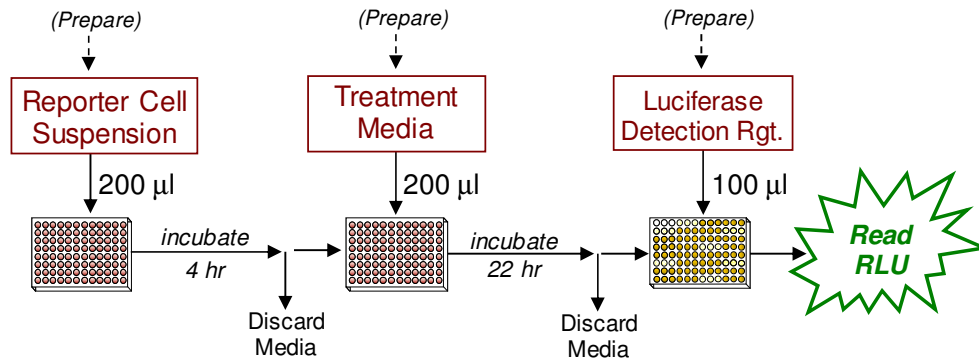


Figure 1. Assay workflow. Reporter Cells are dispensed into the assay plate and incubated for 4-6 hours. Following the pre-incubation period, the culture media are discarded, and the prepared treatment media are added. Following a 22-24 hours treatment period the media are discarded, and Luciferase Detection Reagent is added. The intensity of light emission (in units of 'Relative Light Units'; RLU) from each assay well is quantified using a plate-reading luminometer.

▪ Assay Performance ▪

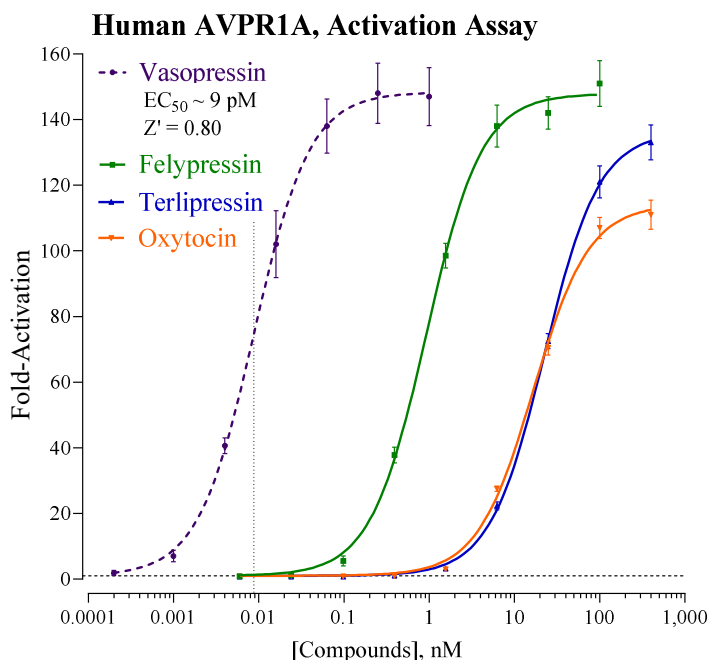


Figure 2. Activation of AVPR1A. Activation assays were performed using the reference polypeptides Vasopressin (provided), Felypressin, Terlipressin and Oxytocin.

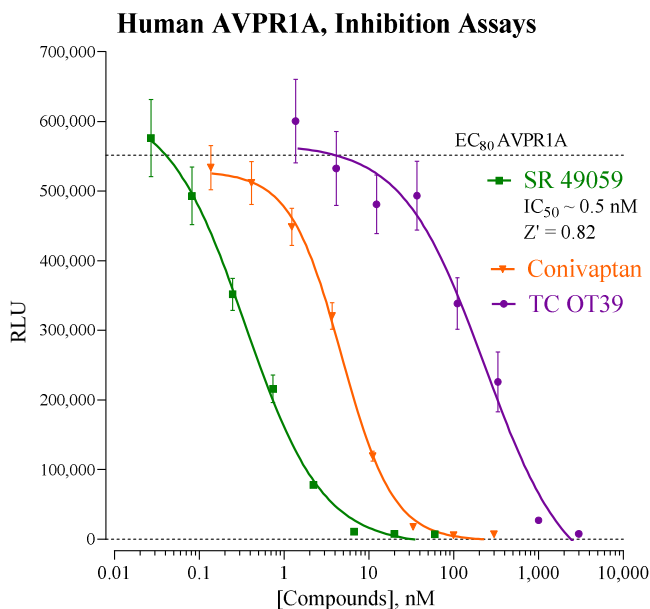


Figure 3. Inhibition of AVPR1A. AVPR1A reporter cells were co-treated with an EC_{80} concentration of the activator vasopressin and varying concentrations of the AVPR1A inhibitors, SR 49059, Conivaptan and TC OT39. INDIGO's Live Cell Multiplex (LCM) Assay confirmed that no treatment concentrations were cytotoxic (data not shown).

For both Activation and Inhibition assays, luminescence was quantified and values of average ($n = 3$) relative light units (RLU), corresponding standard deviation (SD), Fold-Activation, and Z' ¹⁵ were calculated. The least-squares method of non-linear regression was used to plot Fold-Activation or RLU vs. $\text{Log}_{10} [\text{Compound}, \text{nM}]$ and EC_{50} / IC_{50} values were determined using GraphPad Prism software. Polypeptide activators were procured from Prospec (East Brunswick, NJ). Small molecule inhibitors are from Tocris (Minneapolis, MN) or MedChem Express, (Monmouth Junction, NJ).

II. Product Components & Storage Conditions

This Human AVPR1A Assay kit contains materials to perform assays in a single 96-well assay plate.

Reporter cells are temperature sensitive! To ensure maximal viability the tube of Cells must be maintained at -80°C until immediately prior to the rapid-thaw procedure described in Step 2 of this protocol.

Assay kits are shipped on dry ice. Upon receipt of the kit transfer it to -80°C storage. If you wish to inspect and inventory the individual kit components, be sure to first transfer and submerge the tube of reporter cells into dry ice.

The aliquot of Reporter Cells is provided as a single-use reagent. Once thawed, reporter cells can NOT be refrozen, nor can they be maintained in extended culture with any hope of retaining downstream assay performance. Therefore, extra volumes of these reagents should be discarded after assay setup.

The date of product expiration is printed on the Product Qualification Insert (PQI) enclosed with each kit.

<u>Kit Components</u>	<u>Amount</u>	<u>Minimum Storage Temp.</u>
▪ AVPR1A Reporter Cells	1 x 2.0 mL	-80°C
▪ Cell Recovery Medium (CRM)	2 x 10.5 mL	-20°C
▪ Compound Screening Medium (CSM)	1 x 45 mL	-20°C
▪ Vasopressin (1.0 µM in PBS+0.1%BSA)	1 x 30 µL	-20°C
▪ Detection Substrate (Note: contains DTT)	1 x 6.0 mL	-80°C
▪ Detection Buffer	1 x 6.0 mL	-20°C
▪ 96-well, <i>collagen-coated</i> assay plate (white, sterile)	1	-20°C

NOTE: This Assay kit contains one 96-well assay plate in which the assay wells have been collagen-coated and dried; the assay plate should be stored frozen (-20°C or colder) until use.

III. Materials to be Supplied by the User

The following materials must be provided by the user, and should be made ready prior to initiating the assay procedure:

DAY 1

- container of dry ice (see *Step 2*)
- cell culture-rated laminar flow hood.
- 37°C, humidified 5% CO₂ incubator for mammalian cell culture.
- 37°C water bath.
- 70% alcohol wipes
- 8-channel electronic, repeat-dispensing pipettes & sterile tips
- disposable media basins, sterile.
- sterile multi-channel media basins (such as the Heathrow Scientific "Dual-Function Solution Basin"), *or* deep-well plates, *or* appropriate similar vessel for generating dilution series of reference compound(s) and test compound(s).
- *Optional:* clear 96-well assay plate, collagen-coated, for viewing cells on *Day 2*.
- *Optional:* Reference antagonist (refer to *Figure 2b*).

DAY 2 plate-reading luminometer.

IV. Assay Protocol

Please review the entire Assay Protocol before starting. Completing the assay requires an overnight incubation. *Steps 1-11* are performed on **Day 1**, requiring less than 2 hours of bench work and a 4-hour incubation step to complete. *Steps 12-17* are performed on **Day 2** and require less than 1 hour to complete.

▪ A word about antagonist-mode assay setups ▪

When setting up receptor inhibition assays the Reporter Cells are co-treated with a fixed sub-maximal concentration (typically between EC₅₀ – EC₈₅) of the reference agonist AND varying concentrations of the test compound(s). This assay kit includes a 1.0 μM stock solution of Vasopressin, a potent physiological activator of the AVPR1A, that may be used to set up inhibition-mode assays. 0.025 nM of vasopressin approximates EC₇₀₋₈₀ in this assay. Hence, it is a suitable concentration of challenge agonist to use when screening test materials for inhibitory activities.

Add vasopressin to a bulk volume of **CSM**, as described above. This agonist-supplemented medium is then used to prepare serial dilutions of test material stocks to achieve the desired respective assay concentrations. This is an efficient and precise method of setting up inhibition assays, and it is the method presented in *Step 7b* of this protocol.

DAY 1 Assay Protocol: All steps should be performed using aseptic technique.

1.) Remove the **2 tubes** of **Cell Recovery Medium (CRM)** from freezer storage, thaw and equilibrate to 37°C using a water bath.

2.) Rapid Thaw of the Reporter Cells: *First*, retrieve the two tubes of **CRM** from the 37°C water bath and sanitize their outside surfaces with a 70% ethanol swab.

Second, retrieve the tube of **AVPR1A Reporter Cells** from -80°C storage, place it directly into dry ice for transport to the laminar flow hood. When ready to begin, transfer the tube of reporter cells into a rack and, *without delay*, perform a rapid thaw of the cells by transferring 9.5 ml from *each of the 2 tubes* of 37°C CRM into the tube of frozen cells. Place the tube of Reporter Cells in a 37°C water bath for 5 minutes. The resulting volume of cell suspension will be **21 ml**.

3.) Retrieve the tube of Reporter Cell Suspension from the water bath and sanitize the outside surface with a 70% alcohol swab.

4.) *Gently* invert the tube of Reporter Cells several times to gain a homogenous cell suspension, then transfer the entire volume into a reservoir. Using an electronic, repeat-dispensing 8-channel pipette, dispense **200 μl / well** of cell suspension into wells of the assay plate.

NOTE 4.1: If INDIGO's Live Cell Multiplex Assay is to be incorporated, a minimum of 3 'cell blank' wells (meaning cell-free but containing CSM) must be included in the assay plate to allow quantification of plate-specific fluorescence background (refer to the LCMA Technical Manual).

NOTE 4.2: Increased well-to-well variation (= increased standard deviation!) will occur if care is not taken to prevent cells from settling in the reservoir during the dispensing period. Likewise, take care to ensure precision in dispensing exact volumes across the assay plate.

NOTE 4.3: Users sometimes wish to examine the reporter cells using a microscope. If so, the extra volume of cell suspension provided with each kit may be dispensed into a clear *collagen-coated* 96-well assay plate. Continue to process this plate in an identical manner to the white assay plate.

5.) Pre-incubate reporter cells. Place the assay plate into a cell culture incubator (37°C, ≥ 70% humidity, 5% CO₂) for 4 - 6 hours.

6.) Near the end of the pre-culture period: Remove Compound Screening Medium (CSM) from freezer storage and thaw in a 37°C water bath.

7.) Prepare the Test Compound and Reference Compound treatment media. As discussed in “*Preparation of Test Compounds*” (pg. 4), use CSM to prepare an appropriate dilution series of the reference and test compound stocks. In *Step 9*, the prepared treatment media will be dispensed at **200 µl / well** into the assay plate. Manage dilution volumes carefully; this assay kit provides **45 ml** of CSM.

NOTE: Total DMSO, or any other organic solvent, carried over into assay reactions should not exceed 0.4%.

a. Agonist-mode assays. This assay kit includes a concentrated stock (1.0 µM) of the poly-peptide vasopressin prepared in PBS+0.1% BSA. The following 7-point treatment series, with concentrations generated using serial 4-fold dilutions, provides a complete dose-response: 1.0, 0.25, 0.063, 0.016, 0.004, 0.001, and 0.00025 nM. **APPENDIX 1** provides guidance for generating such a dilution series. Always include 'no treatment' (or 'vehicle only') controls.

~ or ~

b. Inhibition-mode assays. When setting up inhibition assays, first supplement a bulk volume of CSM with the challenge activator vasopressin to achieve an EC₅₀ – EC₈₀ concentration (refer to "*A word about antagonist-mode assay setup*", pg. 8). The supplemented CSM is then used to generate dilutions of test compound stocks to achieve the desired series of treatment concentrations.

8.) At the end of the 4 - 6 hours pre-culture period, discard the media. The preferred method is to use a 'wrist flick' to eject media into an appropriate waste container. *Gently* tap the inverted plate onto a clean absorbent paper towel to remove residual droplets. Cells will remain tightly adhered to well bottoms.

9.) Dispense **200 µl / well** of each prepared treatment media into the assay plate.

NOTE: If well-to-well variation due to 'edge-effects' is a concern this problem *may* be mitigated by dispensing sterile liquid into the *inter-well* spaces of the assay plate. Simply remove 1 tip from the 8-channel dispenser and dispense 100 µl of sterile water into each of the seven inter-well spaces per column of wells.

10.) Transfer the assay plate into a cell culture incubator for 22 - 24 hours.

NOTE: Ensure a high-humidity (≥70%) environment within the cell culture incubator. This is critical to prevent the onset of deleterious "edge-effects" in the assay plate.

11.) For greater convenience on *Day 2*, retrieve **Detection Substrate and Detection Buffer** from freezer storage and place them in a dark refrigerator (4°C) to thaw overnight.

DAY 2 Assay Protocol: Subsequent manipulations do *not* require special regard for aseptic technique and may be performed on a bench top or in a **fume hood**.

12.) Approximately 30 minutes before intending to quantify receptor activity, remove **Detection Substrate** and **Detection Buffer** from the refrigerator and place them in a low-light area so that they may equilibrate to room temperature.

NOTE: Do NOT actively warm Detection Substrate above room temperature. If these solutions were not allowed to thaw overnight at 4°C, a room temperature water bath may be used to expedite thawing.

13.) Set the plate-reader to "luminescence" mode. Program the instrument to perform a single 5 second "plate shake" prior to reading the first assay well. Read time is set to 0.5 second (500 mSec) per well, *or less*.

14.) Immediately before proceeding to *Step 15*, prepare **Luciferase Detection Reagent (LDR)**. Combine 'Detection Buffer' and 'Detection Substrate' by pouring-over their entire volumes into a media basin; rock the basin gently to mix the reagent. The resulting volume of LDR is 12 ml.

NOTE: 'Detection Substrate' contains a high concentration of DTT, which produces a strong odor that some users may find objectionable. It is advised to work in a **fume hood** when preparing LDR, and subsequently when dispensing it into the assay plate followed by a 'plate rest' period (*Step 16*).

15.) Following 22 - 24 hours incubation in treatment media, discard the media contents by manually ejecting it into an appropriate waste container. *Gently* tap the inverted plate onto a clean absorbent paper towel to remove residual droplets. Cells will remain tightly adhered to well bottoms.

16.) Add 100 μ l of the prepared **LDR** into all wells of the assay plate. Allow the assay plate to rest at room temperature for 5 – 10 minutes following the addition of LDR. Do not shake the assay plate during this period.

17.) Quantify luminescence.

18.) Data analyses.

V. Related Products

<i>Product No.</i>	<i>Product Descriptions</i>
Human AVPR1A Assay Products	
IB37001	Human AVPR1A Reporter Assay System 1x 96-well format assay
IB37002	Human AVPR1A Reporter Assay System 1x 384-well format assays
Bulk volumes of assay reagents may be custom manufactured to accommodate any scale of HTS. Please Inquire.	
Human OXTR Assay Products	
IB35001	Human OXTR Reporter Assay System 1x 96-well format assay
IB35002	Human OXTR Reporter Assay System 1x 384-well format assays
NFAT Assays (recommended for receptor specificity screening)	
IB18001	NFAT Reporter Assay System 1x 96-well format assay
LIVE Cell Multiplex (LCM) Assay	
LCM-01	Reagent volumes sufficient to perform 96 Live Cell Assays
LCM-05	Reagent in 5x bulk volume to perform 480 Live Cell Assays contained in 5 x 96-well assay plates
LCM-10	Reagent in 10x bulk volume to perform 960 Live Cell Assays contained in 10 x 96-well assay plates
INDIGlo Luciferase Detection Reagent	
LDR-10, -25, -50, -500	INDIGlo Luciferase Detection Reagents in 10 mL, 25 mL, 50 mL, and 500 mL volumes

Please refer to INDIGO Biosciences website for updated product offerings.

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$$Z' = 1 - [3*(SD^{Ref EC100} + SD^{Untreated}) / (RLU^{Ref EC100} - RLU^{Untreated})]$$

VII. Limited Use Disclosures

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APPENDIX 1

Example scheme for the serial dilution of the reference agonist Vasopressin and the setup of an AVPR1A dose-response assay.

