

HUMAN IgG

CATALOG NUMBER: OKIA00070

Immunoperoxidase Assay for Determination of IgG in Human Samples

DIRECTIONS FOR USE

Version 4.0

Please Read this Package Insert Completely Before Using This Product

PRINCIPLE OF THE ASSAY

The principle of the double antibody sandwich ELISA is represented in Figure 1. In this assay the IgG present in samples reacts with the anti-IgG antibodies, which have been adsorbed to the surface of polystyrene microtitre wells. After the removal of unbound proteins by washing, anti-IgG antibodies conjugated with horseradish peroxidase (HRP) are added. These enzyme-labeled antibodies form complexes with the previously bound IgG. Following another washing step, the enzyme bound to the immunosorbent is assayed by the addition of a chromogenic substrate, 3,3',5,5'-tetramethylbenzidine (TMB). The quantity of bound enzyme varies directly with the concentration of IgG in the sample tested; thus, the absorbance, at 450 nm, is a measure of the concentration of IgG in the test sample. The quantity of IgG in the test sample can be interpolated from the standard curve constructed from the standards, and corrected for sample dilution.

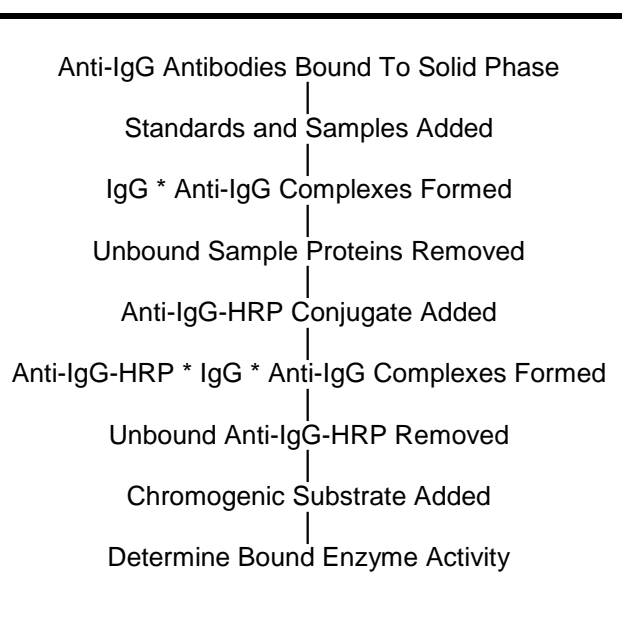


Figure 1

INTENDED USE

The IgG test kit is a highly sensitive two-site enzyme linked immunoassay (ELISA) for measuring IgG in Human biological samples. If the ELISA is to be used outside the intended use, the user may need to optimize for said use.

LIMITATION OF THE PROCEDURE

FOR RESEARCH USE ONLY. NOT FOR DIAGNOSTIC PURPOSES. IN VITRO USE ONLY.

Reliable and reproducible results will be obtained when the assay procedure is carried out with a complete understanding of the information contained in the package insert instructions and with adherence to good laboratory practice. Factors that might affect the performance of the assay include instrument function, cleanliness of glassware, quality of distilled or deionized water, and accuracy of reagent and sample pipetting, washing technique, incubation time or temperature. Do not mix or substitute reagents with those from other lots or sources.

KIT COMPONENTS

The expiration date for the kit and its components is stated on the box label. All components should be stable up to the expiration date if stored and used per this kit protocol insert.

Component	Description	Preparation	Storage	Stability
ELISA Micro Plate, antibody coated	One plate of 12 removable 8 well strips, antibody coated	Ready to use as supplied.	4-8°C, In sealed foil bag with desiccant	With proper storage the plate strips are stable until the expiration date.
Enzyme Conjugated Detection Antibody	One vial of 150µL of 100X Horseradish Peroxidase Conjugated antibody in a stabilizing buffer	Dilute 1/100 immediately prior to use.	4-8°C in the dark	The working conjugate solution should be diluted immediately prior to use. The 100X conjugate is stable until the expiration date.
Calibrator	One vial of calibrator	Refer to the Certificate of Analysis (CoA).	7 days or less: 4-8°C. More than 7 days: aliquot and freeze. Avoid multiple freeze-thaw cycles.	The working standard solutions should be prepared immediately prior to use.
Diluent Concentrate	One 50 mL bottle of 5X diluent buffer	Dilute 1/5 to make 1X working solution.	4-8°C for both 1X working solution and 5X diluent concentrate	The 1X working solution is stable for at least one week from the date of preparation. The 5X concentrate is stable until the expiration date.
Wash Solution Concentrate	One 50 mL bottle of 20X wash solution	Dilute 1/20 to make 1X working solution.	4-8°C for both 1X working solution and 20X diluent concentrate	The 1X working solution is stable for at least one week from the date of preparation. The 20X concentrate is stable until the expiration date.
Chromogen-Substrate Solution	One bottle of 12 mL 3,3',5,5'-tetramethylbenzidine (TMB) and hydrogen peroxide in citric acid buffer at pH 3.3.	Ready to use as supplied	4-8°C in the dark	Protect from light. The Substrate Solution is stable until the expiration date.
STOP Solution <u>WARNING: Avoid Contact with Skin</u>	One 12 mL bottle of 0.3 M sulfuric acid.	Ready to use as supplied	4-8°C	The Stop Solution is stable until the expiration date.

MATERIALS REQUIRED BUT NOT PROVIDED

- Precision pipettes (2 µL to 100 µL) for making and dispensing dilutions
- Test tubes
- Squirt bottle or Microtitre washer/aspirator
- Distilled or Deionized H₂O
- Microtitre Plate reader
- Assorted glassware for the preparation of reagents and buffer solutions
- Centrifuge for sample collection
- Anticoagulant for plasma collection
- Timer

SPECIMEN COLLECTION AND HANDLING

The sample collection and storage conditions listed below are intended as general guidelines. Sample stability has not been evaluated.

All blood components and biological materials should be handled as potentially hazardous. Follow universal precautions when handling and disposing of infectious agents.

If blood samples are clotted, grossly hemolyzed, lipemic, or the integrity of the sample is of concern, make a note and interpret results with caution.

- Serum samples - Blood should be collected by venipuncture. The serum should be separated from the cells after clot formation by centrifugation. Remove serum and assay immediately or aliquot and store samples at -80°C (preferably) or -20°C. Avoid repeated freeze-thaw cycles.
- Plasma samples - Blood should be collected into a container with an anticoagulant and then centrifuged. Assay immediately or aliquot and store samples at -80°C (preferably) or -20°C. Avoid repeated freeze-thaw cycles.
- Known interfering substances - Azide and thimerosal at concentrations higher than 0.1% inhibits the enzyme reaction.

DILUTION OF SAMPLES

The assay requires that each test sample be diluted before use. All samples should be assayed in duplicate each time the assay is performed. The recommended dilutions are only suggestions. Dilutions should be based on the expected concentration of the unknown sample such that the diluted sample falls within the dynamic range of the standard curve. If unsure of sample level, a serial dilution with one or two representative samples before running the entire plate is highly recommended.

- Serum samples – Recommended starting dilution is 1/80,000. To prepare a 1/80,000 dilution of a sample, transfer 2 µL of sample to 1,998 µL of 1X diluent. This gives you a 1/1,000 dilution. Next dilute the 1/1,000 by transferring 5 µL into 395 µL of 1X diluent. This gives you a 1/80,000 dilution. Mix thoroughly at each stage.
- Plasma samples – Recommended starting dilution is 1/80,000. To prepare a 1/80,000 dilution of a sample, transfer 2 µL of sample to 1,998 µL of 1X diluent. This gives you a 1/1,000 dilution. Next dilute the 1/1,000 by transferring 5 µL into 395 µL of 1X diluent. This gives you a 1/80,000 dilution. Mix thoroughly at each stage.

REAGENT PREPARATION

- **Bring all reagents to room temperature (16-25°C) before use.**
- Diluent Concentrate - The Diluent Solution supplied is a 5X Concentrate and must be diluted 1/5 with distilled or deionized water (1 part buffer concentrate, 4 parts dH₂O).
- Wash Solution Concentrate - The Wash Solution supplied is a 20X Concentrate and must be diluted 1/20 with distilled or deionized water (1 part buffer concentrate, 19 parts dH₂O). Crystal formation in the concentrate may occur when storage temperatures are low. Warming of the concentrate to 30-35°C before dilution can dissolve crystals.
- Enzyme-Antibody Conjugate - Calculate the required amount of working conjugate solution for each microtitre plate test strip by adding 10 µL Enzyme-Antibody Conjugate to 990 µL of 1X Diluent for each test strip to be used for testing. Dilute immediately before use and protect from light. Mix uniformly, but gently. Avoid foaming.
- Pre-coated ELISA Micro Plate - Ready to use as supplied. Unseal foil pouch and remove plate from pouch. Remove all strips and wells that will not be used in the assay and place back in pouch and re-seal along with desiccant.
- Human IgG Calibrator – Prepare according to the Certificate of Analysis.

ASSAY PROCEDURE

1. **All samples and standards should be assayed in duplicates.**
2. Pipette 100 µL of
 - Standard 0 (0.0 ng/mL) in duplicate
 - Standard 1 (15.6 ng/mL) in duplicate
 - Standard 2 (31.25 ng/mL) in duplicate
 - Standard 3 (62.25 ng/mL) in duplicate
 - Standard 4 (125 ng/mL) in duplicate
 - Standard 5 (250 ng/mL) in duplicate
 - Standard 6 (500 ng/mL) in duplicate
3. Pipette 100 µL of sample (in duplicate) into pre designated wells.
4. Incubate the micro titer plate at room temperature for sixty (60 ± 2) minutes. Keep plate covered and level during incubation.
5. Following incubation, aspirate the contents of the wells.
6. Completely fill each well with appropriately diluted Wash Solution and aspirate. Repeat three times, for a total of four washes. If washing manually: completely fill wells with wash buffer, invert the plate then pour/shake out the contents in a waste container. Follow this by sharply striking the wells on absorbent paper to remove residual buffer. Repeat 3 times for a total of four washes.
7. Pipette 100 µL of appropriately diluted Enzyme-Antibody Conjugate to each well. Incubate at room temperature for twenty (20 ± 2) minutes. Keep plate covered in the dark and level during incubation.
8. Wash and blot the wells as described in Steps 5/6.
9. Pipette 100 µL of TMB Substrate Solution into each well.
10. Incubate in the dark at room temperature for precisely ten (10) minutes.

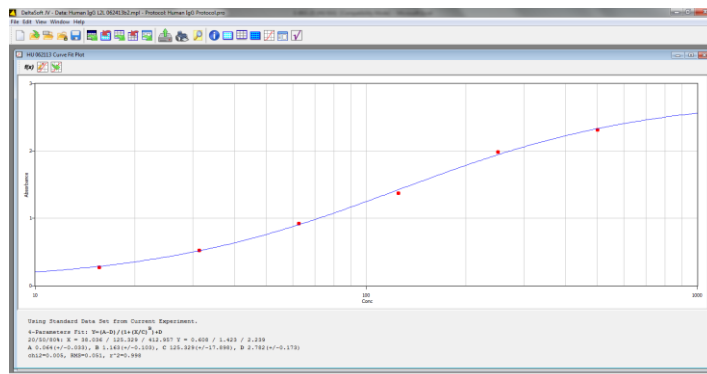
11. After ten minutes, add 100 μ L of Stop Solution to each well.
12. Determine the absorbance (450 nm) of the contents of each well within 30 minutes. Calibrate the plate reader to manufacturer's specifications.

CALCULATION OF RESULTS

1. Subtract the average background value (Average absorbance reading of Standard zero) from the test values for each sample.
2. Average the duplicate readings for each standard and use the results to construct a Standard Curve. Construct the standard curve by reducing the data using computer software capable of generating a four parameter logistic curve fit. A second order polynomial (quadratic) or other curve fits may also be used; however, they will be a less precise fit of the data.
3. Interpolate test sample values from standard curve. Correct for sera dilution factor to arrive at the IgG concentration in original samples.

TYPICAL DATA

Sample Standard Curve is for demonstration only. Do not use for results calculations. A standard curve should be generated each time the test is performed.



Standard #	Conc ng/mL	Background Adjusted OD Value	Back Calc	% Recovery
1	15.6	0.276	14.987	96.07
2	31.25	0.523	31.829	101.85
3	62.5	0.924	64.608	103.37
4	125	1.372	117.471	93.98
5	250	1.984	266.586	106.63
6	500	2.314	483.354	96.67

PERFORMANCE CHARACTERISTICS

1. SENSITIVITY

The lowest detection limit (LDL) is 1.816 ng/mL.

The lowest detection limit is determined by adding three standard deviations to the mean optical density value of sixty Standard zero replicates and calculating the corresponding concentration.

2. PRECISION

Intra-Assay Precision	Average %CV = 3.256 %	N = 60
Inter-Assay Precision	Average %CV = 5.726 %	N = 60

3. LINEARITY

The linearity of the assay was determined by preparing dilutions of samples with 1X Diluent Buffer. The samples were selected so that they produce values within the dynamic range of the assay after serial dilution. The expected values were compared to the obtained values to determine the percent recovery. The average recovery across all samples was 101.1 %.

Sample Type	Dilution	Concentration (ng/mL)	Expected Concentration (ng/mL)	Percent Recovery
Human Serum	1/40,000	258.58	235.45	109.8
	1/80,000	117.73	117.73	100.0
	1/160,000	57.86	58.86	98.3
	1/320,000	28.46	29.43	96.7
Human Plasma	1/40,000	225.55	202.28	111.5
	1/80,000	101.14	101.14	100.0
	1/160,000	48.88	50.57	96.7
	1/320,000	24.31	25.28	96.2

4. SPIKE AND RECOVERY

The spike and recovery of the assay was determined by adding known amounts of human IgG into samples throughout the range of the assay. The spiked samples were evaluated in the assay and compared to the expected concentrations.

Sample Type	Average % Recovery	% Range
Serum	95.8	94.8 – 96.8
Plasma	99.4	91.1 – 107.6



Aviva Systems Biology
5754 Pacific Center Blvd., Suite 201 San Diego, CA 92121
Phone: 858-552-6979 | Fax: 858-552-6975
Email: info@avivasysbio.com
www.avivasysbio.com

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