Human IL-8 ELISA Kit



Catalog Number: EK0453

For the quantitative determination of human interleukin 8 (IL-8) concentrations in cell culture supernates, serum, and plasma.

This instruction must be read in its entirety before using this product.

For research use only. Not for use in diagnostic procedures.

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PRINCIPLE OF THE ASSAY

This assay employs the quantitative sandwich enzyme immunoassay technique. A monoclonal antibody specific for IL-8 has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any IL-8 present is bound by the immobilized antibody. Following incubation unbound samples are removed during a wash step, and then a detection antibody specific for IL-8 is added to the wells and binds to the combination of capture antibody-IL-8 in sample. Following a wash to remove any unbound combination, and enzyme conjugate is added to the wells. Following incubation and wash steps a substrate is added. A coloured product is formed in proportion to the amount of IL-8 present in the sample. The reaction is terminated by addition of acid and absorbance is measured at 450nm. A standard curve is prepared from seven IL-8 standard dilutions and IL-8 sample concentration determined.

DETECTION RANGE

15.6 pg/ml - 1000 pg/ml

SENSITIVITY

The minimum detectable dose was 7pg/mL

SPECIFICITY

This assay recognizes both natural and recombinant human IL-8. The factors listed below were prepared at 50ng/ml in Standard /sample Diluent and assayed for cross-reactivity and no significant cross-reactivity or interference was observed.

Table 1: Factors assayed for cross-reactivity

Recombinant human	Recombinant mouse	Recombinant porcine		
IP-10	KC	IL-1β		
I-TAC	MIG			
MIG	SDF-1α			
NAP-2				
GCP-2				

PRECISION

The coefficient of variation of both intra-assay and inter-assay were less than 10%.

MATERIALS PROVIDED

- Aluminium pouches with a Microwell Plate coated with monoclonal antibody to human IL-8 (8x12)
- 2. 2 vials human IL-8 Standard lyophilized, 2000 pg/ml upon reconstitution
- 3. 2 vials concentrated Biotin-Conjugate anti-human IL-8 polyclonal antibody
- 4. 2 vials Streptavidin-HRP solution,
- 5. 1 bottle Standard /sample Diluent
- 6. 1 bottle Biotin-Conjugate antibody Diluent
- 7. 1 bottle Streptavidin-HRP Diluent
- 8. 1 bottle Wash Buffer Concentrate 20x (PBS with 1% Tween-20)
- 9. 1 vial Substrate Solution
- 10. 1 vial Stop Solution
- 11. 3 pieces Adhesive Films
- 12. package insert

STORAGE

Table 2: Storage of the kit

Unopened Kit	Store at 2 - 8° C. Do not use past kit expiration date.			
Opened/ Reconstitut ed Reagents	Standard /sample Diluent			
	Concentrated Biotin-			
	Conjugate	May be stored for up to 1 month at 2 - 8° C.**		
	Streptavidin-HRP solution			
	Biotin-Conjugate antibody			
	Diluent			
	Streptavidin-HRP Diluent			
	Wash Buffer Concentrate			
	20x			
	Substrate Solution			
	Stop Solution			
		Aliquot and store for up to		
		1 month at ≤20°C. Avoid		
	Standard	repeated freeze-thaw		
		cycles. Diluted standard		
		shall not be reused.		
	Microplate Wells	Return unused wells to the		
		foil pouch containing the		
		desiccant pack, reseal		
		along entire edge of zip-		
		seal. May be stored for up		
		to 1 month at2 - 8° C.**		

^{**}Provided this is within the expiration date of the kit.

THE REQUIRED ITEMS (not provided, but can help to buy):

- 1. Microplate reader (450nm).
- 2. Micro-pipette and tips: 0.5-10, 2-20, 20-200, 200-1000ul.
- 37 °C incubator, double-distilled water or deionized water, coordinate paper, graduated cylinder.

PRECAUTIONS FOR USE

- Store kit regents between 2°Cand 8°C. After use all reagents should be immediately returned to cold storage(2°C to 8°C).
- 2. Please perform simple centrifugation to collect the liquid before use.
- 3. To avoid cross contamination, please use disposable pipette tips.
- 4. The Stop Solution suggested for use with this kit is an acid solution. Wear eye, hand, face, and clothing protection when using this material. Avoid contact of skin or mucous membranes with kit reagents or specimens. In the case of contact with skin or eyes wash immediately with water.
- Use clean, dedicated reagent trays for dispensing the washing liquid, conjugate and substrate reagent. Mix all reagents and samples well before use.

- 6. After washing microtiter plate should be fully pat dried. Do not use absorbent paper directly into the enzyme reaction wells.
- Do not mix or substitute reagents with those from other lots or other sources. Do not use kit reagents beyond expiration date on label.
- 8. Each sample, standard, blank and optional control samples should be assayed in duplicate or triplicate.
- Adequate mixing is very important for good result. Use a minivortexerat the lowest frequency or Shake by hand at 10min interval when there is no vortexer.
- 10. Avoid microtiter plates drying during the operation.
- 11. Dilute samples at the appropriate multiple, and make the sample values fall within the standard curve. If samples generate values higher than the highest standard, dilute the samples and repeat the assay.
- 12. Any variation in standard diluent, operator, pipetting technique, washing technique, incubation time and temperature, and kit age can cause variation in binding.
- 13. This method can effectively eliminate the interference of the soluble receptors, binding proteins and other factors in biological samples.

SAMPLE COLLECTION AND STORAGE

- Cell Culture Supernates Remove particulates by centrifugation.
- 2. **Serum** Use a serum separator tube (SST) and allow samples to clot for 30 minutes before centrifugation for 15 minutes at approximately 1000 x g. Remove serum, avoid hemolysis and high blood lipid samples.
- 3. **Plasma** Recommended EDTA as an anticoagulant in plasma. Centrifuge for 15 minutes at 1000 x g within 30 minutes of collection.
- 4. Assay immediately or aliquot and store samples at -20℃. Avoid repeated freeze-thaw cycles.
- 5. Dilute samples at the appropriate multiple (recommended to do pre-test to determine the dilution factor).

Note: The normal human serum or plasma samples are suggested to make a 1:2 dilution.

REAGENT PREPARATION

- 1. Bring all reagents to room temperature before use.
- 2. Wash Buffer Dilute 10mL of Wash Buffer Concentrate into deionized or distilled water to prepare 200mL of Wash Buffer. If crystals have formed in the concentrate Wash Buffer, warm to room temperature and mix gently until the crystals have completely dissolved.
- 3. **Standard** Reconstitute the Standard with 1.0mL of Standard /sample Diluent. This reconstitution produces a stock solution of 2000 pg /mL Allow the standard to sit for a minimum of 15 minutes with gentle agitation prior to making dilutions. Pipette 500µL of Standard/sample Diluent into the 1000 pg/mL tube and the remaining tubes. Use the stock solution to produce a 2-fold dilution series (below). Mix each tube thoroughly and change pipette tips between each transfer. The 1000 pg/mL standard serves as the high standard. The Standard/ sample Diluent serves as the zero standard (0 pg/mL).

If you do not run out of re-melting standard, store it at - 20℃. Diluted standard shall not be reused.

4. Working solution of Biotin-Conjugate anti-human IL-8 polyclonal antibody:

Make a 1:100 dilution of the concentrated Biotin-Conjugate solution with the Biotin-Conjugate antibody Diluent in a clean plastic tube.

The working solution should be used within one day after dilution.

Working solution of Streptavidin-HRP: Make a 1:100 dilution of the concentrated Streptavidin-HRP solution with the Streptavidin-HRP Diluent in a clean plastic tube.

The working solution should be used within one day after dilution.

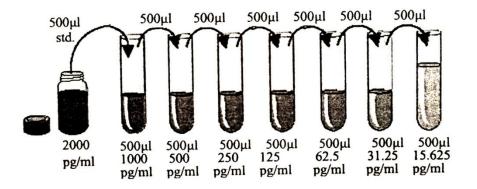


Figure 1: Preparation of IL-8 standard dilutions

GENERAL ELISA PROTOCOL

- 1. Prepare all reagents and working standards as directed in the previous sections.
- Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running blanks and standards. Remove extra microwell strips from holder and store in foil bag with the desiccant provided at 2-8°C sealed tightly.
- 3. Add 100μL of Standard, control, or sample, per well. Cover with the adhesive strip provided. Incubate for 1 hours at 37 °C.
- 4. Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with Wash Buffer (350µL) using a squirt bottle, manifold dispenser or autowasher. 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.

- 5. Add 100 μL of the working solution of Biotin-Conjugate to each well. Cover with a new adhesive strip and incubate 1 hours at 37°C.
- 6. Repeat the aspiration/wash as in step 4.
- Add 100 μL of the working solution of Streptavidin-HRP to each well. Cover with a new adhesive strip and incubate for 30 minutes at 37°C Avoid placing the plate in direct light.
- 8. Repeat the aspiration/wash as in step 4.
- 9. Add 100 μL of Substrate Solution to each well. Incubate for 10-20 minutes at 37°C. Avoid placing the plate in direct light.
- 10. Add 100 μ L of Stop Solution to each well. Gently tap the plate to ensure thorough mixing.
- 11. Determine the optical density of each well immediately, using a microplate reader set to 450 nm.(optionally 630nm as the reference wave length;610-650nm is acceptable)

ASSAY PROCEDURE SUMMARY

Prepare all reagents and standards as directed

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Add 100μl standard or samples to each well, incubate 90 minuts.37 °C

Aspirate and wash 4 times

Add 100μl working solution of Biotin-Conjugate anti-human IL-8 polyclonal antibody to each well, incubate 60 minutes,37°C

Add 100µl working solution of Streptavidin-HRP to each well, incubate 30 minuts,37℃

Add 100μl Substrate solution to each well, incubate 10-20 minuts,37°C.Protect from light.

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Add 100µl Stop solution to each well. Read at 450nm within 30 minutes.

Figure 2: Assay procedure summary

TECHNICAL HINTS

- When mixing or reconstituting protein solutions, always avoid foaming.
- To avoid cross-contamination, change pipette tips between additions of each standard level, between sample additions, and between reagent additions. Also, use separate reservoirs for each reagent.
- 3. To ensure accurate results, proper adhesion of plate sealers during incubation steps is necessary.
- 4. Substrate Solution should remain colorless until added to the plate. Stop Solution should be added to the plate in the same order as the Substrate Solution. Keep Substrate Solution protected from light. Substrate Solution should change from colorless to gradations of blue.
- 5. A standard curve should be generated for each set of samples assayed. According to the content of tested factors in the sample, appropriate diluted or concentrated samples, it is best to do pre-experiment.

CALCULATION OF RESULTS

- Average the duplicate readings for each standard, control, and sample and subtract the average zero standard optical density.
- 2. Create a standard curve by reducing the data using computer software capable of generating a four parameter logistic (4-PL) curve-fit. As an alternative, construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis and draw a best fit curve through the points on the graph.
- 3. The data may be linearized by plotting the log of the IL-8 concentrations versus the log of the O.D. and the best fit line can be determined by regression analysis. This procedure will produce an adequate but less precise fit of the data. If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.
- This standard curve is provided for demonstration only. A standard curve should be generated for each set of samples assayed.

Table 3: Typical data using the IL-8 ELISA (Measuring wavelength: 450nm, Reference wavelength: 630nm)

Standared(pg/ml)	OD.	OD.	Average	Corrected
0	0.060	0.056	0.058	
15.625	0.217	0.226	0.221	0.163
31.25	0.324	0.342	0.333	0.275
62.5	0.506	0.516	0.511	0.453
125	0.831	0.840	0.835	0.777
250	1.247	1.236	1.241	1.183
500	1.846	1.817	1.831	1.777
1000	2.339	2.350	2.344	2.287

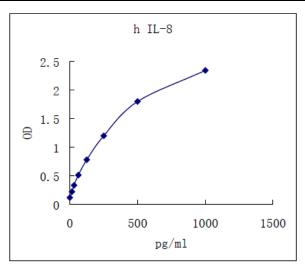


Figure 3: Representative standard curve for IL-8 ELISA. IL-8 was diluted in serial two-fold steps in Sample Diluent.

Do not use this standard curve to derive test results. A standard curve must be run for each group of microwell strips assayed.

BACKGROUND

Interleukin 8 (IL-8), a member of the neutrophil-specific CXC subfamily of chemokines, is a potent neutrophil chemotactic and activating factor. It is a primary inflammatory cytokine produced by many cells including monocytes/ macrophages, T cells, neutrophils, fibroblasts, endothelial cells, keratinocytes, hepatocytes, astrocytes and chondrocytes. It is in response to proinflammatory stimuli such as IL-1, TNF, LPS and viruses. Its function is, in part, to attract neutrophils to the site of inflammation and to activate them(1-6). The human IL-8 cDNA sequence predicts a protein of 99 amino acids. Removal of a 22-residue signal peptide generates a mature protein of 77 amino acids (~ 8 kDa). Further proteolysis of the Nterminal end leads to a variant form with 72 amino acids: full activation of IL-8 may require cleavage to the 72 amino acid form. IL-8 can form non-covalent dimers in solution, especially at high concentrations, but dimerization is not necessary for biological activity. IL-8 binds to two seven-transmembrane, G protein-coupled

receptors, CXCR1 and CXCR2, as well as to the non-signalling Duffy antigen on red-blood cells. The Duffy antigen may play a role in regulating IL-8 activity on functional receptors.

REFERENCES

- 1. Oppenheim, J.J. (1991) Annu. Rev. Immunol. 9:617.
- 2. Miller, M.D. and M.S. Krangel (1992) Crit. Rev. Immunol. 12:17.
- 3. Matsushima, K. et al. (1992) Chem. Immunol. 51:236.
- 4. Taub, D.D. and J.J. Oppenheim (1993) Cytokine 5:175.
- 5. Vaddi, K. et al. (1997) The Chemokine Facts Book, Academic Press, p. 23.
- 6. Hack, C.E. et al. (1997) Adv. Immunol. 66:101.
- 7. Baggio liniM. Chemok ines in patho logy and medicine. J Intern Med, 2001, 250 (2) 91.