

UBC[®] II ELISA

REF 10-030

INSTRUCTIONS FOR USE

INTENDED USE

UBC[®] II ELISA is a one step assay for the determination of cytokeratin 8 and 18 in urine. The assay is a sensitive indicator of tumor cell activity and is useful in the management of patients with urinary bladder cancer of epithelial origin. This assay is for research use only, not for use in diagnostic procedures.

PRINCIPLE OF THE ASSAY

UBC[®] II ELISA is a solid phase sandwich assay based on immunochemical technique. Standards, controls and samples react simultaneously with solid phase catcher antibodies (6D7 and 3F3) and the HRP conjugated detector antibody during incubation in the microstrip wells. After washing, the TMB substrate is added. Subsequently the reaction is stopped and the absorbance is read. The developed color is directly proportional to the concentration of the analyte.

ASSAY SPECIFICITY

UBC[®] measures defined epitopes on cytokeratin 8 and 18, using the monoclonal antibodies 6D7 and 3F3. No detectable cross reactivity to other tumor associated antigens that may be present in patient samples exists.

SAMPLES

Voided mid-stream urine (retained in the bladder \geq 3 h) is recommended. The urine samples should be centrifuged (1000 x g for 10 minutes) and the supernatant should be diluted 1:10 in UBC[®] Urine Diluent (1 x conc.). The diluted urine is stable for maximum 5 days when refrigerated (2-8 °C). If delayed analysis, diluted samples should be frozen in aliquots (<-18 °C). Avoid repeated thawing and freezing. Do not use contaminated urine samples or samples showing gross hematuria.

PRECAUTIONS FOR USERS

- UBC[®] II ELISA is for research use only, not for use in diagnostic procedures.
- Wear protective gloves and protective goggles.
- Do not use the kit after expiry date.
- Do not mix reagents from different lots.
- All patient samples should be regarded as contagious and handled and disposed of according to appropriate regulations.
- Avoid microbiological contamination of reagents.
- Analysis should be performed according to GLP.
- The accuracy of the test is related to adherence to the assay procedure and accurate volume pipetting.
- The Stop Solution contains 0.5 M sulfuric acid, which might cause irritation on skin, and is harmful to eyes. In case of contact flush with plenty of water and seek medical advice.
- The TMB Substrate might cause irritation on skin and eyes. In case of contact flush with plenty of water and seek medical advice.
- ProClin 300 (60 ppm) used as preservative in this product might be allergenic. In case of contact flush with plenty of water and seek medical advice.
- Material Safety Data Sheets are available on request.

MATERIALS REQUIRED BUT NOT PROVIDED

Microplate reader (wavelength 450 nm).
Microplate shaker (oscillation ~450 rpm).
Microplate wash equipment.
Routine laboratory equipment, e.g. precision pipettes and vortex.

DILUTION OF THE UBC[®] II ELISA STANDARD

Reconstitute the UBC[®] II ELISA Standard with 1.0 ml fresh deionized water. Let the vial stand for 15 minutes at room temperature (RT). Add 3.0 ml of UBC[®] Diluent (Standard 0 μ g/l) to make a total volume of 4.0 ml. Mix by vortexing. This is the 15 μ g/l Standard. To prepare respectively Standard concentration dilute according to the table.

Table

UBC [®] II ELISA Standard (μ g/l)	Standard 15 μ g/l (μ l)	UBC [®] Diluent (std 0 μ g/l) (μ l)
0	0	1000
1	100	1400
2.5	100	500
5	600	1200
10	600	300
15	1000	0

COMPONENTS IN THE UBC[®] II ELISA

Materials supplied for 96 determinations.

UBC[®] Coated Microstrips: 1 plate, 96 dry wells (12x8), coated with monoclonal anti-cytokeratin 8/18 antibodies (6D7 and 3F3). Packed in aluminum bag with desiccating device. Ready for use.

UBC[®] II ELISA HRP Conjugate: 2 vials, 0.5 ml/vial, conjugated antibody in protein stabilized buffer, pH 7.5 (11 x conc.). Should be diluted with UBC[®] Diluent (Standard 0 μ g/l). Blue colored. Preservative added.

UBC[®] Urine Diluent: 1 vial, 20 ml, sample diluent, protein stabilized buffer, pH 7.5 (2.5 x conc.). Should be diluted with 30 ml fresh deionized water. Preservative added.

UBC[®] Diluent (Standard 0 μ g/l): 2 vials, 15 ml/vial, standard diluent and standard 0 μ g/l, protein stabilized buffer, pH 7.5. Preservative added. Ready for use.

UBC[®] II ELISA Standard: 1 vial (4 ml), lyophilized cytokeratin material in protein stabilized buffer, pH 7.5. Preservative added.

UBC[®] Control (Low, High): 2 vials control (1 ml/vial), lyophilized cytokeratin material in protein stabilized buffer, pH 7.5. Yellow colored. Preservative added.

Wash Tablet: 1 package, 1 tablet/package. The tablet should be dissolved in 500 ml fresh deionized water.

TMB Substrate: 1 vial, 22 ml. Protect from light and keep lid tightly closed. Do not sample more than what is needed for the analysis. Ready for use.

Stop Solution: 1 vial, 12 ml, 0.5 M sulfuric acid. Ready for use.

Sealing Tape: 1 sheet, Sealing tape for microstrips.

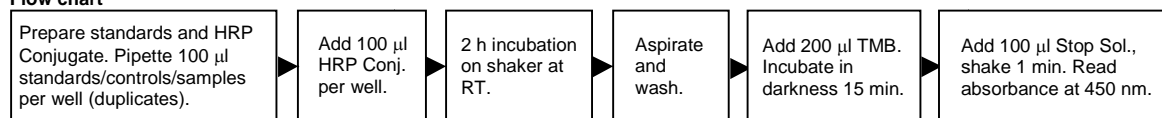
UBC[®] II ELISA Certificate: 1 protocol. Certificate of lot content.

ASSAY PROCEDURE

The assay (see Flow chart) should be performed at room temperature (RT; 22 \pm 6 °C).

- Allow all reagents and samples to adjust to RT. Vortex all reagents prior to use.
- Dilute the UBC[®] Urine Diluent with 30 ml fresh deionized water to 1 x conc.
- Dilute samples 1:10 with the 1 x conc. UBC[®] Urine Diluent.
- Prepare the standards (see above).
- Dilute the UBC[®] Control (Low, High) with 1.0 ml fresh deionized water. Let control vials stand, mix thoroughly after 10 min. Ready to use 15 min after reconstitution.
- Based on the number of strips needed, dilute UBC[®] II ELISA HRP Conjugate (11 x conc.) with UBC[®] Diluent (Standard 0 μ g/l) (5.0 ml/vial). Mix thoroughly.
- Pipette 100 μ l standards, controls or samples per well (duplicates). Start with two empty wells for background absorbance measurement (blank).
- Add 100 μ l diluted HRP Conjugate to each well, except the two empty wells. Cover the strips with the supplied Sealing Tape. *NB! Steps 7 and 8 should be performed sequentially without interruption.*
- Incubate for 2 h \pm 2 min on shaker (~450 rpm).
- Prepare the wash solution. Dissolve Wash Tablet in 500 ml fresh deionized water.
- Aspirate and wash the wells 3 x 0.3 ml with wash solution.
- Add 200 μ l TMB Substrate to each well, including the two empty wells. Incubate in darkness for 15 \pm 1 min.
- Add 100 μ l Stop Solution to each well. Agitate on shaker 1 min (~450 rpm).
- Read the absorbance at 450 nm, within 30 min after addition of the Stop Solution.
- Calculate the cytokeratin 8 and 18 concentration (μ g/l) of the samples. *NB! Multiply with the dilution factor.* Samples (in 1:10 dilution) showing concentrations >15 μ g/l value should be suitably diluted with UBC[®] Urine Diluent before repeated analysis.

Flow chart



PROCESSING OF RESULTS

Manual calculation or by using a computer software for handling ELISA-type data (curve fitting - Spline smoothed). For generation of valid data, ensure that included controls are within range.

Manual processing of results: Correct each absorbance value by subtracting the background absorbance (blank). Estimate the mean value for each duplicate. Construct a standard curve by plotting the mean absorbance value for each standard (y-axis) against the corresponding concentration (x-axis). Determine the concentrations of the samples against the standard curve.

REAGENT STORAGE

The kit should be stored at 2-8 °C. **Do not freeze!** Store reagents in their original containers if not used at once. Reseal the Microstrip bag, including the desiccating device, if not all strips are used at once. The wash solution is stable for 4 weeks when stored at 2-8 °C. The diluted UBC® II ELISA HRP Conjugate is stable for 4 weeks when stored at 2-8 °C. The reconstituted and diluted standard is stable for 4 weeks when stored at 2-8 °C. The reconstituted controls are stable for 4 weeks when stored at 2-8 °C. The diluted UBC® Urine Diluent (1 x conc.) is stable for 4 weeks when stored at 2-8 °C.

LIMITATIONS OF THE PROCEDURE

The test is for research use only, not for use in diagnostic procedures. The assay values should be interpreted in conjunction with all available information. Increased values can also be found e.g. in cases of benign prostate hyperplasia, upper urinary tract carcinomas and urinary tract infections. If a temporary infection is suspected, it may be necessary to repeat the test two weeks later. UBC® II ELISA should not be performed in connection to therapy, particularly intravesical. Creatinin correction is not necessary when using UBC® II ELISA.

ASSAY CHARACTERISTICS

Measuring range: The measuring range is 0-15 µg/l. The assay has no "high-dose hook effect" up to 500 µg/l.

Reproducibility: The intra-assay reproducibility of the standard curve has a typical CV of <5 % (in duplicates). Inter-assay imprecision is characteristically of <5 % CV.

Sensitivity: The minimal detectable concentration in UBC® II ELISA is 0.1 µg/l, defined as the concentration of cytokeratin 8 and 18 that corresponds to the absorbance being three standard deviations from the absorbance of standard 0 µg/l.

Expected values: The 95th percentile for apparently healthy individuals (Swedish population) has been determined to 35 µg/l. Due to differences which may exist between laboratories and locales with respect to population, laboratory technique and selection of reference groups, it is recommended that each laboratory establishes its own normal range.

Recovery: Specified quantities of cytokeratins 8 and 18 were added to human urine samples. The recovery was 91-98 %.

WARRANTY

The performance data presented here were obtained using the procedure indicated. Any change or modification in the procedure, not recommended by IDL Biotech AB, may affect the results. In such event IDL Biotech AB disclaims all warranties expressed, implied or statutory, including the implied warranty of merchantability and the fitness for use.

REFERENCES

1. Stigbrand, T. *et al.* Epitope specificity of 30 monoclonal antibodies against cytokeratin antigens: The ISOBM TD5-1 Workshop. *Tumor Biol* 1998; 19:132-152.
2. Sánchez-Carbayo, M. *et al.* Comparative predictive values of urinary cytology, urinary bladder cancer antigen, Cyfra 21-1 and NMP22 for evaluating symptomatic patients at risk for bladder cancer. *J Urol* 2001; 165:1462-1467.
3. Giannopoulos, A. *et al.* Comparative evaluation of the diagnostic performance of the BTA stat test, NMP22 and urinary bladder cancer antigen for primary and recurrent bladder tumors. *J Urol* 2001; 166:470-475.

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