



User's Manual

Human Procalcitonin (PCT) ELISA

For the determination of PCT in human serum, plasma,
tissue homogenates or cell culture supernatants.



Storage:

BE69219

96

2-8°C

RUO

For Research Use Only – Not for Use in Diagnostic Procedures.

Manufactured for:

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1 INTRODUCTION

1.1 Intended Use

The IBL-America human Procalcitonin (PCT) ELISA has been designed for the determination of PCT in human serum, plasma, tissue homogenates or cell culture supernatants. For research use only, not for use in diagnostic procedures.

1.2 Background

Procalcitonin (PCT) is a peptide precursor of the hormone calcitonin, the latter being involved with calcium homeostasis. It is composed of 116 amino acids and is produced by parafollicular cells (C cells) of the thyroid and by the neuroendocrine cells of the lung and the intestine. Determination of procalcitonin can be used as a marker of severe sepsis caused by bacteria and generally grades well with the degree of sepsis, although levels of procalcitonin in the blood are very low. PCT has the greatest sensitivity (85%) and specificity (91%) for differentiating subjects with systemic inflammatory response syndrome (SIRS) from those with sepsis, when compared with IL-2, IL-6, IL-8, CRP and TNF-alpha. It is a biomarker of bacterial infection which may help gauge the severity and prognosis of subjects with CAP. PCT may also assist in decisions pertaining to the discontinuation of antibiotics.

2 PRINCIPLE OF THE TEST

This kit is based on sandwich enzyme-linked immune-sorbent assay technology. Anti-PCT monoclonal antibody is pre-coated onto 96-well plates. Biotin conjugated anti-PCT monoclonal antibodies are used as detection antibodies. The standards, test samples, and biotin conjugated detection antibody are added to the wells subsequently, and washed with wash buffer. Avidin-Biotin-Peroxidase Complex is added and unbound conjugates are washed away with wash buffer. TMB substrates are used to visualize the HRP enzymatic reaction. TMB is catalyzed by HRP to produce a blue color product that changes into yellow after adding acidic stop solution. The density of yellow is proportional to the PCT amount of sample captured in plate. Read the O.D. absorbance at 450nm in a microplate reader, and then the concentration of PCT can be calculated.

3 WARNINGS AND PRECAUTIONS

1. This kit is for research use only, not for use in diagnostic procedures.
2. Before the experiment, centrifuge each kit component for several minutes to bring down all reagents to the bottom of tubes.
3. It is recommend to measure each standard and sample in duplicate.
4. Do NOT let the plate completely dry at any time! Since the dry condition can inactivate the biological material on the plate.
5. Do not reuse pipette tips and tubes to avoid cross contamination.
6. Do not use the expired components or the components from different lot numbers.
7. To avoid the marginal effect of plate incubation for temperature differences (the marginal wells always get stronger reaction), it is recommend to equilibrate the ABC working solution and TMB substrate for at least 30 min at 37°C before adding to wells.
8. The TMB substrate (Kit Component 8) is colorless and transparent before use. If not, please contact us for replacement.

4 REAGENTS

4.1 Reagents provided

1. One 96-well plate pre-coated with anti-Human PCT antibody
2. Lyophilized Human PCT standards: 2 tubes (10 ng/tube)
3. Sample / Standard diluent buffer: 30 ml
4. Biotin conjugated anti-Human PCT antibody (Concentrated): 130 µl. Dilution: 1:100
5. Antibody diluent buffer: 12 ml
6. Avidin-Biotin-Peroxidase Complex (ABC) (Concentrated): 130 µl. Dilution: 1:100
7. ABC diluent buffer: 12 ml
8. TMB substrate: 10 ml
9. Stop solution: 10 ml
10. Wash buffer (25X): 30 ml

Note: Reconstitute standards and test samples with Kit Component 3.

4.2 Materials required but not provided

1. 37°C incubator
2. Microtiterplate reader (wavelength: 450 nm)
3. Precise pipette and disposable pipette tips
4. Automated plate washer
5. ELISA shaker
6. 1.5 ml Eppendorf tubes
7. Plate cover
8. Absorbent filter papers
9. Plastic or glass container with volume of above 1 L

4.3 Storage Conditions / Expiration

Store at 2-8°C for 6 months or at -20°C for 12 months.

4.4 Preparation of sample and reagents

1. Sample

Isolate the test samples soon after collecting, then, analyze immediately (within 2 hours). Or aliquot and store at -20°C for long term. Avoid multiple freeze-thaw cycles.

✧ **Body fluids, tissue lysates and cell culture supernatants:** Centrifuge to remove precipitate, analyze immediately or aliquot and store at -20°C.

✧ **Serum:** Coagulate the serum at room temperature (about 4 hours). Centrifuge at approximately 1000 x g for 15 min. Analyze the serum immediately or aliquot and store at -20°C.

✧ **Plasma:** Collect plasma with citrate, heparin or EDTA as the anticoagulant. Centrifuge for 15min at 2-8°C at 1500 x g within 30 min of collection. For eliminating the platelet effect, suggesting that further centrifugation for 10 min at 2-8°C at 10000 x g. Analyze immediately or aliquot and store frozen at -20°C.

Note: 1. Coagulate blood samples completely, then, centrifuge, and avoid hemolysis and particle.
2. NaN₃ cannot be used as test sample preservative, since it is the inhibitor for HRP.

>> Sample Dilution Guideline

End user should estimate the concentration of the target protein in the test sample first, and select a proper dilution factor to make the diluted target protein concentration falls the optimal detection range of the kit. Dilute the sample with the provided diluent buffer, and several trials may be necessary in practice. The test sample must be well mixed with the diluent buffer.

✧ **High target protein concentration (20-200 ng/ml):** Dilution: 1:100. i.e. Add 1 µl of sample into 99 µl of Sample / Standard diluent buffer (Kit Component 3).

✧ **Medium target protein concentration (2-20 ng/ml):** Dilution: 1:10. i.e. Add 10 µl of sample into 90 µl of Sample / Standard diluent buffer (Kit Component 3).

✧ **Low target protein concentration (31.2-2000 pg/ml):** Dilution: 1:2. i.e. Add 50 µl of sample into 50 µl of Sample / Standard diluent buffer (Kit Component 3).

✧ **Very low target protein concentration (≤31.2 pg/ml):** Unnecessary to dilute, or dilute at 1:2.

2. Wash buffer

Dilute the concentrated Wash buffer 25-fold (1:25) with distilled water (i.e. add 30ml of concentrated wash buffer into 720ml of distilled water).

3. Standard

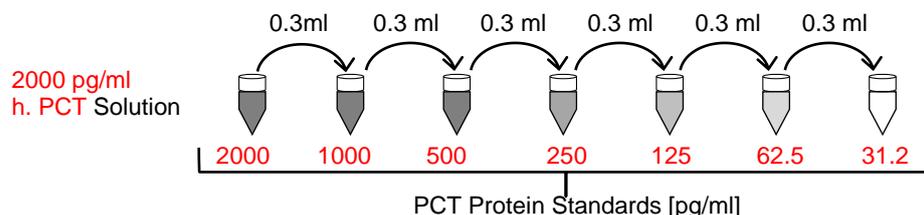
Reconstitution of the lyophilized Human PCT standard (Kit Component 2): standard solution should be prepared no more than 2 hours prior to the experiment. Two tubes of standard are included in each kit. Use one tube for each experiment.

(Note: Do not dilute the standard directly in the plate)

a. 10,000 pg/ml of standard solution: Add **1 ml** of Sample / Standard diluent buffer (Kit Component 3) into one Standard (Kit Component 2) tube, keep the tube at room temperature for 10 min and mix thoroughly.

b. 2000 pg/ml of standard solution: Add **0.2 ml** of the above 10 ng/ml standard solution into **0.8 ml** sample diluent buffer (Kit Component 3) and mix thoroughly.

c. 1000 pg/ml → 31.2 pg/ml of standard solutions: Label 6 Eppendorf tubes with 1000 pg/ml, 500 pg/ml, 250 pg/ml, 125 pg/ml, 62.5 pg/ml, 31.2 pg/ml, respectively. Aliquot **0.3 ml** of the Sample / Standard diluent buffer (Kit Component 3) into each tube. Add **0.3 ml** of the above 2000 pg/ml standard solution into 1st tube and mix thoroughly. Transfer **0.3 ml** from 1st tube to 2nd tube and mix thoroughly. Transfer **0.3 ml** from 2nd tube to 3rd tube and mix thoroughly, and so on.



Note: The standard solutions are best used within 2 hours. The 10,000 pg/ml standard solution should be used within 12 hours. Or store at -20°C for up to 48 hours. Avoid repeated freeze-thaw cycles.

4. Preparation of Biotin conjugated anti-Human PCT antibody (Kit Component 4) working solution: prepare no more than 2 hours before the experiment.

a. Calculate the total volume of the working solution: 0.1 ml / well x quantity of wells. (Allow 0.1-0.2 ml more than the total volume)

b. Dilute the Biotin conjugated anti-Human PCT antibody (Kit Component 4) with Antibody diluent buffer (Kit Component 5) at 1:100 and mix thoroughly. i.e. Add 1 µl of Biotin conjugated anti-Human PCT antibody into 99 µl of Antibody diluent buffer.

5. Preparation of Avidin-Biotin-Peroxidase Complex (ABC) (Kit Component 6) working solution: prepare no more than 1 hour before the experiment.

a. Calculate the total volume of the working solution: 0.1 ml / well x quantity of wells. (Allow 0.1-0.2 ml more than the total volume)

b. Dilute the Avidin-Biotin-Peroxidase Complex (ABC) (Kit Component 6) with ABC diluent buffer (Kit Component 7) at 1:100 and mix thoroughly. i.e. Add 1 µl of Avidin-Biotin-Peroxidase Complex (ABC) into 99 µl of ABC diluent buffer.

5 ASSAY PROCEDURE

5.1 General Remarks

Before adding to wells, equilibrate the ABC working solution and TMB substrate (Kit Component 8) for at least 30 minutes at 37°C. It is recommended to plot a standard curve for each test.

5.2 Test Procedure

1. Set standard, test sample and control (zero) wells on the pre-coated plate respectively, and then, record their positions. It is recommended to measure each standard and sample in duplicate.
2. Aliquot 0.1 ml of 2000 pg/ml, 1000 pg/ml, 500 pg/ml, 250 pg/ml, 125 pg/ml, 62.5 pg/ml, 31.2 pg/ml, standard solutions into the standard wells.
3. Add 0.1 ml of Sample / Standard diluent buffer (Kit Component 3) into the control (zero) well.
4. Add 0.1 ml of properly diluted sample (human serum, plasma, tissue homogenates or cell culture supernatants) into test sample wells.
5. Seal the plate with a cover and incubate at 37°C for 90 min.
6. Remove the cover and discard the plate content, clap the plate on the absorbent filter papers or other absorbent material. **Do NOT let the wells completely dry at any time. Do not wash plate!**
7. Add 0.1 ml of Biotin conjugated anti-Human PCT antibody work solution into the above wells (standard, test sample & zero wells). Add the solution at the bottom of each well without touching the side wall.
8. Seal the plate with a cover and incubate at 37°C for 60 min.
9. Remove the cover, and wash plate 3 times with Wash buffer (Kit Component 10) using one of the following methods:
Manual Washing: Discard the solution in the plate without touching the side walls. Clap the plate on absorbent filter papers or other absorbent material. Fill each well completely with Wash buffer (Kit Component 10) and vortex mildly on ELISA shaker for 2 min, then aspirate contents from the plate, and clap the plate on absorbent filter papers or other absorbent material. Repeat this procedure two more times for a **total of THREE washes.**
Automated Washing: Aspirate all wells, then wash plate **THREE times** with Wash buffer (Kit Component 10) (overfilling wells with the buffer). After the final wash, invert plate, and clap the plate on absorbent filter papers or other absorbent material. It is recommended that the washer be set for a soaking time of 1 min or shaking.
10. Add 0.1 ml of ABC working solution into each well, cover the plate and incubate at 37°C for 30 min.
11. Remove the cover and wash plate 5 times with Wash buffer (Kit Component 10), and each time let the wash buffer stay in the wells for 1-2 min. (See Step 9 for plate wash method).
12. Add 0.1 ml of TMB substrate (Kit Component 8) into each well, cover the plate and incubate at 37°C in dark within 30 min. (**Note:** This incubation time is for reference use only, the optimal time should be determined by end user.) And the shades of blue can be seen in the first 3-4 wells (with most concentrated Human PCT standard solutions), the other wells show no obvious color.
13. Add 0.1 ml of Stop solution (Kit Component 9) into each well and mix thoroughly. The color changes into yellow immediately.
14. Read the O.D. absorbance at 450 nm in a microplate reader within 30 min after adding the stop solution.

5.3 Results

For calculation, (the relative O.D.₄₅₀) = (the O.D.₄₅₀ of each well) – (the O.D.₄₅₀ of Zero well). The standard curve can be plotted as the relative O.D.₄₅₀ of each standard solution (Y) vs. the respective concentration of the standard solution (X). The Human PCT concentration of the samples can be interpolated from the standard curve.

Note: If the samples measured were diluted, multiply the dilution factor to the concentrations from interpolation to obtain the concentration before dilution.

6 QUALITY CONTROL

Good laboratory practice requires that controls be run with each calibration curve. A statistically significant number of controls should be assayed to establish mean values and acceptable ranges to assure proper performance. It is recommended to use controls according to state and federal regulations. The use of controls is advised to assure the day to day validity of results. It is also recommended to make use of national or international Quality Assessment programs in order to ensure the accuracy of the results. Employ appropriate statistical methods for analyzing control values and trends. If the results of the assay do not fit to the established acceptable ranges of control materials, results of unknowns should be considered invalid.

In this case, please check the following technical areas: Pipetting and timing devices; photometer, expiration dates of reagents, storage and incubation conditions, aspiration and washing methods. After checking the above mentioned items without finding any error contact your distributor or IBL-America directly.

7 PERFORMANCE CHARACTERISTICS

7.1 Range

31.2 pg/ml - 2000 pg/ml

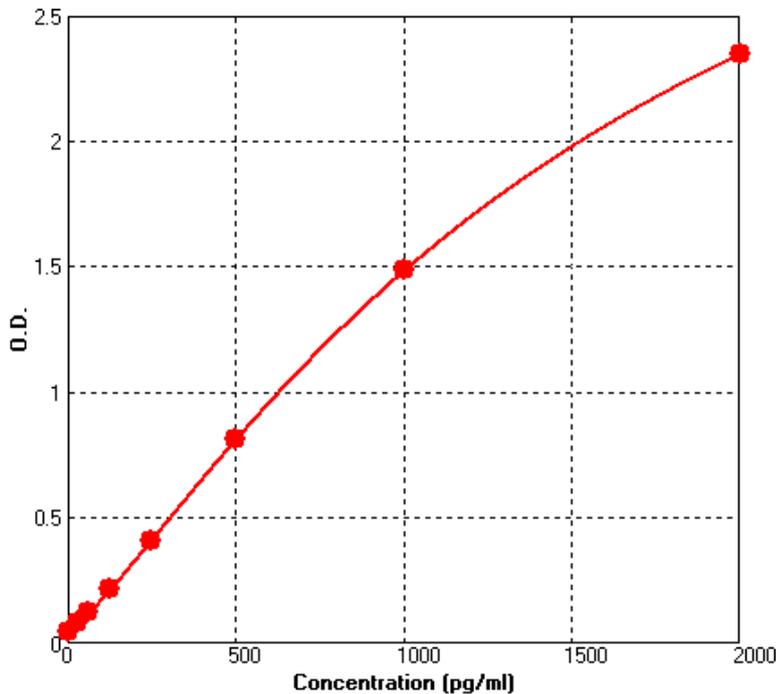
7.2 Sensitivity

<2 pg/ml

7.3 Typical Data & Standard Curve

Results of a typical standard run of a Human PCT ELISA Kit are shown below. This standard curve was generated at our lab for demonstration purpose only. Each user should obtain their own standard curve as per experiment. (N/A=not applicable)

X	pg/ml	0	31.2	62.5	125	250	500	1000	2000
Y	OD450	0.048	0.082	0.126	0.217	0.410	0.815	1.487	2.348



7.4 References:

1. Meisner M, Tschaikowsky K, Palmaers T, Schmidt J (1999). "Comparison of procalcitonin (PCT) and C-reactive protein (CRP) plasma concentrations at different SOFA scores during the course of sepsis and MODS". Crit Care 3 (1): 45–50.
2. Balci C, Sungurtekin H, Gürses E, Sungurtekin U, Kaptanoglu B (February 2003). "Usefulness of procalcitonin for diagnosis of sepsis in the intensive care unit". Crit Care 7 (1): 85–90.
3. Lindstrom S, Wong EK. Procalcitonin, a valuable biomarker assisting clinical decision making in the management of community-acquired pneumonia. Intern Med J. 2014 Feb 14.

8 ORDERING INFORMATION

This kit is manufactured for Immuno-Biological Laboratories, Inc. (IBL-America). For ordering information, please contact:

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