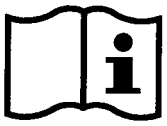
Product information



User's Manual

Human Epidermal Growth Factor (EGF)

ELISA

Sandwich Enzyme-Linked Immunosorbent Assay for the detection of Human EGF

REF **IB99530**

96

Storage: 2-8°C

RUO **For research use only, not for use in diagnostic procedures.**

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1. Introduction

Epidermal growth factor or EGF is a growth factor that stimulates cell growth, proliferation, and differentiation by binding to its receptor EGFR. Human EGF is a 6045-Da protein with 53 amino acid residues and three intramolecular disulfide bonds. EGF results in cellular proliferation, differentiation, and survival. EGF is a low-molecular-weight polypeptide first purified from the mouse submandibular gland, but since then found in many human tissues including submandibular gland, parotid gland. Salivary EGF, which seems also regulated by dietary inorganic iodine, also plays an important physiological role in the maintenance of oro-esophageal and gastric tissue integrity. The biological effects of salivary EGF include healing of oral and gastroesophageal ulcers, inhibition of gastric acid secretion, stimulation of DNA synthesis as well as mucosal protection from intraluminal injurious factors such as gastric acid, bile acids, pepsin, and trypsin and to physical, chemical and bacterial agents. EGF acts by binding with high affinity to epidermal growth factor receptor (EGFR) on the cell surface and stimulating the intrinsic protein-tyrosine kinase activity of the receptor (see the second diagram). The tyrosine kinase activity, in turn, initiates a signal transduction cascade that results in a variety of biochemical changes within the cell - a rise in intracellular calcium levels, increased glycolysis and protein synthesis, and increases in the expression of certain genes including the gene for EGFR - that ultimately lead to DNA synthesis and cell proliferation.

2. Principles of Method

The design of this assay is based on a sandwich Enzyme-Linked Immunosorbent Assay (ELISA). The microtiter plate provided in this kit has been pre-coated with a monoclonal antibody specific to Human EGF. Samples are pipetted into these wells. Nonbound Human EGF and other components of the sample should be removed by washing, then monoclonal antibody specific to Human EGF added. In order to quantitatively determine the amount of Human EGF present in the sample, Streptavidin Horseradish Peroxidase (HRP) should be added to each microplate well. The final step, a TMB-substrate solution added to each well. Finally, a sulfuric acid solution is added and the resulting yellow colored product is measured at 450nm. Since the increases in absorbency is directly proportional to the amount of captured Human EGF.

3. Intended Use

The IBL-AMERICA Human EGF ELISA kit is to be used for the determination of Human EGF in Human serum, Human plasma, cell lysate, culture supernatants and buffered solution. The assay will recognize native and recombinant Human EGF.

This kit has been configured for research use only and is not to be used in diagnostic procedures.

4. Storage and Stability

All kit components of this kit are stable at 2 to 8°C. Any unused reconstituted standard should be discarded or frozen at -70°C. Standard can be frozen and thawed one time only without loss of immunoreactivity.

5. Chemical Hazard

- Stop solution: This reagent is an irritant to eyes, skin and mucous membranes. Avoid contact with eyes, skin and clothing. Wear suitable protective clothing, gloves and eye protection. In the event of contact with eyes or skin, wash immediately with plenty of water.
- Standard protein and 2nd Antibody containing Sodium Azide as a preservative.

6. Kit Contents

Contents	Number	Volume
96 Well Plate	1 (in aluminum foil bag with desiccant)	
Washing Buffer	2	(20X) 25 ml
Standard Protein	1 Glass vial (lyophilized)	
Standard/Sample Dilution Buffer	1	25 ml
Secondary Antibody	1 Glass vial (lyophilized)	
Streptavidin HRP(X100)	1	150 µl
Secondary antibody/ Streptavidin HRP Dilution Buffer	1	25 ml
Substrate (TMB)	1	15 ml
Stop Solution	1	15 ml
Protocol booklet	1	
Plate sealers	2	

① 96 Well Plate
: Human EGF microtiter plate, one plate of 96 wells (8 well strips x 12).
A plate using break-apart strips coated with a mouse monoclonal antibody specific to Human EGF.

② Standard Protein
: Recombinant Human EGF.

③ Secondary Antibody
: Biotinylated anti Human EGF antibody.

④ Streptavidin HRP
: Streptavidin Horseradish Peroxidase (HRP, enzyme)

⑤ Substrate (Stabilized chromogen)
: Tetramethylbenzidine (TMB) solution

⑥ Stop Solution
: 1N solution of sulfuric acid (H_2SO_4).

⑦ Plate sealer
: Adhesive sheet.

- Do not mix or interchange different reagents from various kit lots.

7. Materials Required But Not Provided

① Microtiter plate reader capable of measurement at or near 450nm.
② Calibrated, adjustable precision pipettes, preferably with disposable plastic tips (A manifold multi-channel pipette is desirable for large assays.)
③ Distilled or deionized water
④ Data analysis and graphing software
⑤ Vortex mixer
⑥ Polypropylene tubes for diluting and aliquoting standard
⑦ Absorbent paper towels
⑧ Calibrated beakers and graduated cylinders of various sizes

8. Reagent Preparation

1) Human EGF standard

1. Reconstitute the lyophilized Human EGF standard by adding 1 ml of *Standard/Sample Dilution Buffer* to make the 10 ng/ml standard stock solution. Allow solution to sit at RT for 5 minutes, then gently vortex to mix completely. Use within one hour of reconstituting
2. Prepare 1 ml of 250 pg/ml top standard by adding 25 µl of the above stock solution in 975 µl of *Standard/Sample Dilution Buffer*. Perform 2-fold serial dilutions of the top standards to make the standard curve within the range of this assay (3.91 pg/ml ~ 250 pg/ml) as below. *Standard/Sample Dilution Buffer* serves as the zero standard (0 pg/ml).

Standard	Add	Into
250 pg/ml	*25.0 µl of the std.(10 ng/ml)*	*975.0 µl of the Standard/Sample Dilution Buffer*
125 pg/ml	*500 µl of the std.(250 pg/ml)*	*500.0 µl of the Standard/Sample Dilution Buffer*
62.5 pg/ml	*500 µl of the std.(125 pg/ml)*	*500.0 µl of the Standard/Sample Dilution Buffer*
31.25 pg/ml	*500 µl of the std.(62.5 pg/ml)*	*500.0 µl of the Standard/Sample Dilution Buffer*
15.63 pg/ml	*500 µl of the std.(31.25 pg/ml)*	*500.0 µl of the Standard/Sample Dilution Buffer*
7.81 pg/ml	*500 µl of the std(15.63 pg/ml)*	*500.0 µl of the Standard/Sample Dilution Buffer*
3.91 pg/ml	*500µl of the std.(7.81 pg/ml)*	*500.0 µl of the Standard/Sample Dilution Buffer*
0 pg/ml	*1.0 ml of the Standard/Sample Dilution Buffer*	

2) Secondary Antibody

100X secondary antibody solution can be made by adding 150 µl *Secondary antibody/Streptavidin HRP dilution buffer* in the vial.

1. Equilibrate to room temperature, mix gently.

2. Mix 20 µl *Secondary Antibody concentrated solution* (100X) + 1.98 ml *Secondary antibody*/*Streptavidin HRP dilution buffer*. (Sufficient for two 8-well strip, prepare more if necessary)
   Label as "Working Secondary antibody Solution".
3. Return the unused *Secondary Antibody concentrated solution* to the refrigerator.

3) Streptavidin HRP(X100)

1. Equilibrate to room temperature, mix gently.
2. Mix 20 µl *Streptavidin HRP concentrated solution* (100X) + 1.98 ml *Secondary antibody*/*Streptavidin HRP dilution buffer*. (Sufficient for two 8-well strip, prepare more if needed)
   Label as "Working Streptavidin HRP Solution".
3. Return the unused *Streptavidin HRP concentrated solution* to the refrigerator.

4) Washing buffer

1. Equilibrate to room temperature, mix to re-dissolve any precipitated salt.
2. Mix 0.5 volume *Wash buffer concentrate solution* (20X) + 9.5 volumes of deionized water. Label as "Working Washing Solution".
3. Store both the concentrated and the Working Washing Solution in the refrigerator.

*** Directions for washing**

1. Fill the wells with 300 µl of "Working Washing Buffer".
   Let soak for 1 to 3 minutes and then all residual wash-liquid must be drained from the wells by aspiration (taking care not to scratch the inside of the well) or decantation, followed by forceful tapping of the plate on absorbent paper. Never insert absorbent paper directly into the wells.
   If using an automated washer, the operating instructions for washing equipment should be carefully followed.
2. Incomplete washing will adversary affects the assay and renders false results.
3. It is recommended to use laboratory tape to hold plate strips to the plate frame while performing the plate washing to avoid strips coming free of the frame.

5) Sample preparation

Blood should be collected by venipuncture. For plasma samples, blood may be drawn into tubes containing sodium citrate or heparin, EDTA. The serum or plasma should be separated from the coagulated or packed cells by centrifugation. Samples may be shipped at room temperature and then stored refrigerated at 2-8℃ if testing is to take place within one week after collection. If testing is to take place later than one week, samples should be stored at -20℃. Avoid repeated freeze/thawing.

9. Assay Procedure

- Allow all reagents to reach room temperature before use. Gently mix all liquid reagents prior to use.
- All standards, controls and samples should be run in duplicate for confirmation of reproducibility.
- A standard curve must be run with each assay.
- If particulate matter is present in the analyte, centrifuge or filter prior to analysis.
- Maintain a consistent order of components and reagents addition from well to well. This ensures equal incubation times for all wells.

1) Determine the number of 16-well strips needed for assay. Insert these in the flame(s) for current use (Re-bag extra strips and frame. Refrigerate for further use).
2) For the standard curve, add 100 µl of the standard to the appropriate microtiter wells. Add 100 µl of the *Standard/Sample/secondary antibody Dilution Buffer* to zero wells.
3) Serum and plasma require **at least 4 fold dilution** in the *Standard/Sample Dilution Buffer.* And add 100 µl of samples to each well.
4) Cover the plate with the plate cover and incubate for 2 hours at 37°C.
5) Thoroughly aspirate or decant the solution from the wells. Wash the wells 3 times (See "Directions for washing").
6) Pipette 100 µl of "Working Secondary Antibody Solution" into each well.
7) Cover the plate with the plate cover and incubate for 1 hour at 37°C.
8) Thoroughly aspirate or decant the solution from the wells. Wash the wells 3 times (See "Directions for washing").
9) Add 100 µl "Working Streptavidin HRP Solution" to each well.
10) Cover the plate with the plate cover and incubate for 30 minutes at 37°C.
11) Thoroughly aspirate or decant the solution from the wells. Wash the wells 3 times (See "Directions for washing").
12) Add 100 µl of *Substrate* to each well. The liquid in the wells should begin to turn blue.
13) Incubate the plate at room temperature.

- Do not cover the plate with aluminum foil, or color may develop.
  The incubation time for chromogen substrate is often determined by the microtiter plate reader used. O.D. values should be monitored and the substrate reaction stopped before O.D. of the positive wells exceeds the limits of the instrument. O.D. values at 450nm can only be read after the Stop Solution has been added to each well.
- Because the *Substrate* is light sensitive, avoid the remained *Substrate* solution prolonged exposure to light.

- Typically, reaction is stopped 5~10 minutes after treatment of Substrate, but this time can be adjusted as the user desires.

14) Add 100 µl of *Stop Solution* to each well. The solution in the wells should change from blue to yellow.
15) Read the absorbance of each well at 450nm. Read the plate within 20 minutes of adding the *Stop Solution*.
16) Plot on graph paper the absorbance of the standard against the standard concentration (Optimally, the background absorbance can be subtracted from all data points, including standards, unknowns and controls, prior to plotting.). Draw a smooth curve through these points to construct the standard curve.
17) Read the Human EGF concentrations for the unknown samples and controls from the standard curve plotted in step 18. Multiply value(s) obtained for the unknown sample by the dilution factor (Samples producing signals greater than that of the highest standard should be further diluted in the S*tandard/Sample Dilution Buffer*).

10. Characteristics

1) Typical result

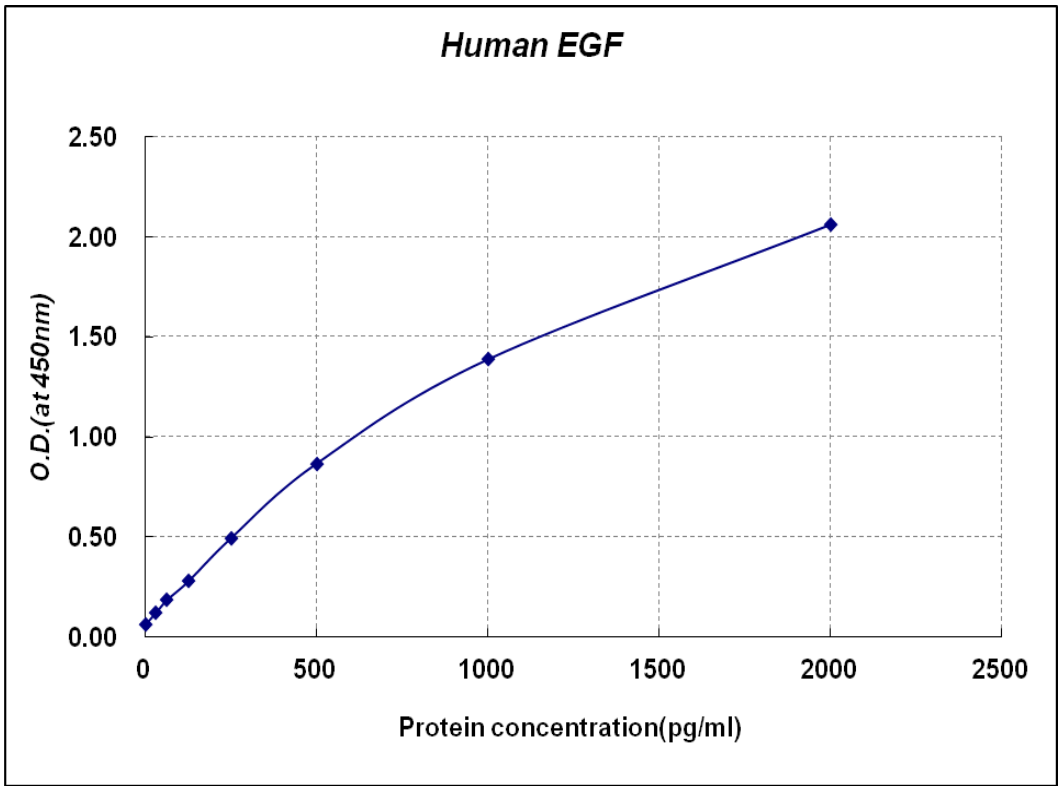
The standard curve below is for illustration only and **should not be used** to calculate results in your assay.

A standard curve must be run with each assay.

Standard Human EGF (pg/ml)	Optical Density (at 450nm)
0	**0.060**
3.9	**0.121**
7.8	**0.183**
15.6	**0.277**
31.2	**0.494**
62.5	**0.867**
125	**1. 388**
250	**2.062**

< Limitations >

- Do not extrapolate the standard curve beyond the 250 pg/ml standard point.
- Other buffers and matrices have not been investigated.
- The rate of degradation of native Human EGF in various matrices has not been investigated.



(TMB reaction incubate at room temperature for 5 min)

2) Sensitivity

The minimal detectable dose of Human EGF was calculated to be 0.055 pg/ml, by subtracting three standard deviations from the mean of 12 zero standard replicates (ELISA buffer, S0) and intersecting this value with the standard curve obtained in the same calculation.

N	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
ZERO	**0.053**	**0.057**	**0.057**	**0.058**	**0.064**	**0.068**	**0.056**	**0.058**	**0.058**	**0.059**	**0.065**	**0.065**

Average	**SD**	**LLD**	**LLD mean(pg/ml)**
0.060	**0.004**	**0.073**	**0.055**

3) Specificity

The following substances were tested and found to have no cross-reactivity: human IL-1β, human IL-8, human MCAF, human TGF-β and human SAA.

4) Precision

① Within-Run (Intra-Assay)

(n=12)

Mean (pg/ml)	SD (pg/ml)	CV (%)
28.310	1.729	6.106
58.693	3.691	6.289
118.284	6.707	5.670
253.289	17.849	7.047

② Between-Run (Inter-Assay)

(n=12)

Mean (pg/ml)	SD (pg/ml)	CV (%)
34.004	2.389	7.026
70.361	4.285	6.090
132.609	7.292	5.499
238.774	6.668	2.792

5) Recovery

Recovery on addition is 82.386~109.101% (mean 96.395%)

Added Analyte (pg/ml)	Serum(1/4)+added analyte (450nm)	Serum(1/4)(450nm) +added analyte(450nm)	Recovery (%)
0.941	24.643	24.579	99.742
3.949	33.485	27.587	82.386
7.891	33.416	31.529	94.353
15.108	35.513	38.745	109.101

11. Troubleshooting

Problem	Possible Cause	Solution
High signal and background in all wells	• Insufficient washing	• Increase number of washes • Increase time of soaking between in wash
	• Too much Streptavidin-HRP	• Check dilution, titration
	• Incubation time too long	• Reduce incubation time
	• Development time too long	• Decrease the incubation time before the stop solution is added
No signal	• Reagent added in incorrect order, or incorrectly prepared	• Review protocol
	• Standard has gone bad (If there is a signal in the sample wells)	• Check the condition of stored standard
	• Assay was conducted from an incorrect starting point	• Reagents allows to come to 20~30℃ before performing assay
Too much signal – whole plate turned uniformly blue	• Insufficient washing –unbound SAV-HRP remaining	• Increase number of washes carefully
	• Too much Streptavidin -HRP	• Check dilution
	• Plate sealer or reservoir reused, resulting in presence of residual Streptavidin -HRP	• Use fresh plate sealer and reagent reservoir for each step
Standard curve achieved but poor discrimination between point	• Plate not developed long enough	• Increase substrate solution incubation time
	• Improper calculation of standard curve dilution	• Check dilution, make new standard curve
No signal when a signal is expected, but standard curve looks fine	• Sample matrix is masking detection	• More diluted sample recommended
Samples are reading too high, but standard curve is fine	• Samples contain protein levels above assay range	• Dilute samples and run again
Edge effect	• Uneven temperature around work surface	• Avoid incubating plate in areas where environmental conditions vary • Use plate sealer

12. Reference

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◈ Ordering Information

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