

PRODUCT INFORMATION AND MANUAL

***human sCD30
Instant ELISA***

BMS240INST

Enzyme-linked immunosorbent assay for quantitative
detection of human sCD30.

For research use only.

Not for diagnostic or therapeutic procedures.

128 Tests



**human sCD30
BMS240INST**

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1 Intended Use

The human sCD30 Instant ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of human soluble CD30 (Ki-1) in cell culture supernatants, human serum, plasma, urine or other body fluids. The human sCD30 Instant ELISA is **for research use only. Not for diagnostic or therapeutic procedures.**

2 Summary

The CD30 (Ki-1) molecule was identified by a monoclonal antibody which was originally found to react with an epitop present in Hodgkin's and Reed-Sternberg cells in Hodgkin's disease (23). Later, the Ki-1 antigen was found to be consistently expressed by a subgroup of diffuse large-cell lymphomas that were called Ki-1 positive (Ki-1+) anaplastic large-cell lymphomas (ALCL) (26).

Characterization of the CD30 antigen has shown it to be in its mature form a transmembrane protein of about 120kDa (12, 22) elaborated from an 84kD cytoplasmic precursor primarily through glycosylation (22). The cloning of the CD30 gene has allowed the identification of a cDNA with an open reading frame predicting a 595 amino acid polypeptide (7). The extracellular domain of CD30, comprising 365 residues, has proved to be homologous to that of the TNF-receptor superfamily (1). The CD30 gene is localized at chromosome 1q36 (11), closely linked to other members of the TNF receptor superfamily comprising TNF-receptors, nerve growth factor, CD40, APO-1/Fas, CD27, OX40 and the neurotrophin receptor. The CD30 ligand (CD30L) has been identified, showing significant homology to TNF α , TNF β , FasL, CD40L, CD27L and 4-1BBI (2, 9, 25). CD30L is expressed on activated T-cells (24). Interactions of the cytokine receptor CD30 with its ligand induces pleiotropic biologic effects, such as differentiation, activation, proliferation and cell death (14). In CD30+ ALCL cell lines binding of CD30L induces apoptotic cell death (14). CD30 furthermore seems to be involved in the control of the CD40/CD40L signal, T-cell proliferation and B-cell maturation induced by T-cell cytokines (6). Thus, CD30 seems to transmit information that is essential for the immune response. CD30 expression is strictly dependent on activation and proliferation of T- and B-cells (27). In pathological conditions, CD30 positivity is

regarded as a peculiar attribute of Hodgkin's and Reed-Sternberg cells (4).

There is growing evidence for a potential role of the CD30 molecule in clinical use and therapy (8). An 85kDa soluble form of the CD30 molecule (sCD30) has been shown to be released by CD30⁺ cell in vitro and in vivo (16).

It is probably derived from the 120kDa membrane bound molecule by proteolytic cleavage (15). Serum sCD30 detection can be regarded as a marker of the amount of CD30⁺ cells present in the body.

Increased serum levels of sCD30 have been reported for patients with CD30⁺ ALCL (19) and CD30⁺ embryonal carcinoma (18) of the testis and were found to correlate with the clinical phase of the disease, i.e. presentation complete remission (CR), relapse. Elevated serum values of sCD30 are shown in the majority of patients with Hodgkin's Disease (20, 21) which again correlate with the presence of B symptoms and with the stage of the disease, i.e. tumor burden.

While elevations of the soluble CD30 in serum of patients affected by infectious diseases usually are not detected, infectious mononucleosis is a notable exception (28). Serum levels of sCD30 are also increased in most patients with HBsAg-positive chronic hepatitis and signs of active HBV replication, thus there is association of the raised sCD30 levels with the active phase of the illness (10). Abnormal soluble CD30 serum accumulation has been reported in Omenn's syndrome, a severe immunodeficiency (5). High elevations of sCD30 levels are found in patients of systemic lupus erythematosus which correlate with disease activity (3), in patients with the autoimmune liver disease primary biliary cirrhosis (17) and in patients with rheumatoid arthritis (13).

3 Principles of the Test

An anti-human sCD30 monoclonal coating antibody is adsorbed onto microwells. Human sCD30 present in the sample or standard binds to antibodies adsorbed to the microwells; an HRP-conjugated monoclonal anti-human sCD30 antibody binds to human sCD30 captured by the first antibody.

Following incubation unbound enzyme conjugated anti-human sCD30 is removed during a wash step and substrate solution reactive with HRP is added to the wells.

A coloured product is formed in proportion to the amount of human sCD30 present in the sample. The reaction is terminated by addition of acid and absorbance is measured at 450 nm. A standard curve is prepared from seven human sCD30 standard dilutions and human sCD30 sample concentration determined.

Figure 1

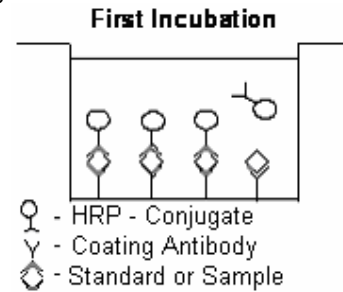


Figure 2

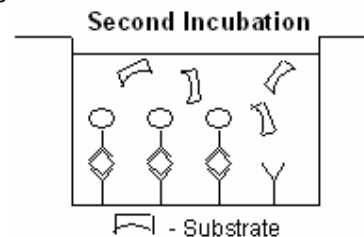
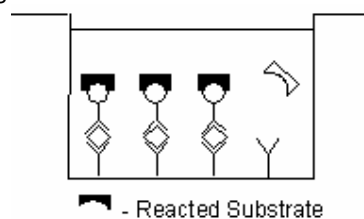


Figure 3



4 Reagents Provided

- 1 aluminium pouch with a **Microwell Plate coated with Monoclonal Antibody** (murine) to human sCD30, **HRP-Conjugate** (anti-sCD30 monoclonal (murine) antibody) and Sample Diluent, lyophilized
- 2 aluminium pouches with a **human sCD30 Standard curve (coloured)**
- 1 bottle (25 ml) **Wash Buffer Concentrate 20x** (phosphate-buffered saline with 1% Tween 20)
- 1 vial (15 ml) **Substrate Solution** (tetramethyl-benzidine)
- 1 vial (12 ml) **Sample Diluent** (Use when an external predilution of the samples is needed)
- 1 vial (15 ml) **Stop Solution** (1M Phosphoric acid)
- 2 adhesive **Plate Covers**

5 Storage Instructions

Store ELISA plate and Standard curves or whole kit at -20°C. The plate and the standard curves can also be removed, stored at -20°C, remaining kit reagents can be stored between 2° and 8°C. Expiry of the kit and reagents is stated on labels.

The expiry of the kit components can only be guaranteed if the components are stored properly, and if, in case of repeated use of one component, the reagent is not contaminated by the first handling.

6 Specimen Collection

Cell culture supernatants, human serum, plasma, urine or other biological samples are suitable for use in the assay. Remove the serum or plasma from the clot or red cells as soon as possible after clotting and separation.

Samples containing a visible precipitate must be clarified prior to use in the assay. Do not use grossly hemolyzed or lipemic specimens.

Samples must be stored frozen at -20°C to avoid loss of bioactive human sCD30. If samples are to be run within 24 hours, they may be stored at 2° to 8°C (for sample stability refer to 13).

Avoid repeated freeze-thaw cycles. Prior to assay, frozen serum or plasma should be brought to room temperature slowly and mixed gently.

7 Materials Required But Not Provided

- 5 ml and 10 ml graduated pipettes
- 5 μ l to 1000 μ l adjustable single channel micropipettes with disposable tips
- 50 μ l to 300 μ l adjustable multichannel micropipette with disposable tips
- Multichannel micropipette reservoir
- Beakers, flasks, cylinders necessary for preparation of reagents
- Device for delivery of wash solution (multichannel wash bottle or automatic wash system)
- Microwell strip reader capable of reading at 450 nm (620 nm as optional reference wave length)
- Glass-distilled or deionized water
- Statistical calculator with program to perform linear regression analysis

8 Precautions for Use

- All chemicals should be considered as potentially hazardous. We therefore recommend that this product is handled only by those persons who have been trained in laboratory techniques and that it is used in accordance with the principles of good laboratory practice. Wear suitable protective clothing such as laboratory overalls, safety glasses and gloves. Care should be taken to avoid contact with skin or eyes. In the case of contact with skin or eyes wash immediately with water. See material safety data sheet(s) and/or safety statements(s) for specific advice.
- Reagents are intended for research use only and are not for use in diagnostic or therapeutic procedures.
- Do not mix or substitute reagents with those from other lots or other sources.
- Do not use kit reagents beyond expiration date on label.
- Do not expose kit reagents to strong light during storage or incubation.
- Do not pipette by mouth.
- Do not eat or smoke in areas where kit reagents or samples are handled.
- Avoid contact of skin or mucous membranes with kit reagents or specimens.
- Rubber or disposable latex gloves should be worn while handling kit reagents or specimens.
- Avoid contact of substrate solution with oxidizing agents and metal.
- Avoid splashing or generation of aerosols.
- In order to avoid microbial contamination or cross-contamination of reagents or specimens which may invalidate the test use disposable pipette tips and/or pipettes.
- Use clean, dedicated reagent trays for dispensing substrate reagent.

- Glass-distilled water or deionized water must be used for reagent preparation.
- Substrate solution must be at room temperature prior to use.
- Decontaminate and dispose specimens and all potentially contaminated materials as they could contain infectious agents. The preferred method of decontamination is autoclaving for a minimum of 1 hour at 121.5 °C.
- Liquid wastes not containing acid and neutralized waste may be mixed with sodium hypochlorite in volumes such that the final mixture contains 1.0% sodium hypochlorite. Allow 30 minutes for effective decontamination. Liquid waste containing acid must be neutralized prior to the addition of sodium hypochlorite.

9 Preparation of Reagents and Samples

9.1 Wash Buffer

If crystals have formed in the Wash Buffer Concentrate, warm it gently until they have completely dissolved.

Pour entire contents (25 ml) of the Wash Buffer Concentrate into a clean 500 ml graduated cylinder. Bring to final volume to 500 ml with glass-distilled or deionized water. Mix gently to avoid foaming. The pH of the final solution should adjust to 7.4.

Transfer to a clean wash bottle and store at 2° to 25°C. Please note that Wash Buffer is stable for 30 days.

10 Test Protocol

- **Use plate immediately after removal from -20°C!**
 - **Do not wait until pellets have completely dissolved before applying samples - the binding reaction in the standard strips starts immediately after addition of water!**
 - **Do not try to dissolve pellets by pipetting up and down in the wells - some parts of the pellet could stick to the tip creating high variation of results**
 - **Perform the washing step with at least 400 µl of washing buffer as stated in the manual or fill the wells completely - otherwise any pellet residues sticking to the rim of the well will not be removed and create high variation of results**
 - **Allow the washing buffer to sit in the wells for a few seconds before aspiration**
 - **Remove covers of the standard strips carefully in order that all the lyophilised pellets remain in the wells**
- a. Determine the number of Microwell Strips required to test the desired number of samples plus Microwell Strips for blanks and standards (coloured). Each sample, standard, blank, and optional control sample should be assayed in duplicate. Remove extra Microwell Strips from holder and store in foil bag with the desiccant provided at -20°C sealed tightly. Place microwell strips containing the standard curve in position A1/A2 to H1/H2 (see Table 1).
 - b. Add 125 µl of distilled water to the sample wells.
 - c. Add distilled water to all standard and blank wells as indicated on the label of the standard strips (A1, A2 to H1, H2).

Table 1

Table depicting an example of the arrangement of blanks, standards and samples in the microwell strips:

	1	2	3	4
A	Standard 1 (100.0 ng/ml)	Standard 1 (100.0 ng/ml)	Sample 1	Sample 1
B	Standard 2 (50.0 ng/ml)	Standard 2 (50.0 ng/ml)	Sample 2	Sample 2
C	Standard 3 (25.0 ng/ml)	Standard 3 (25.0 ng/ml)	Sample 3	Sample 3
D	Standard 4 (12.5 ng/ml)	Standard 4 (12.5 ng/ml)	Sample 4	Sample 4
E	Standard 5 (6.3 ng/ml)	Standard 5 (6.3 ng/ml)	Sample 5	Sample 5
F	Standard 6 (3.1 ng/ml)	Standard 6 (3.1 ng/ml)	Sample 6	Sample 6
G	Standard 7 (1.6 ng/ml)	Standard 7 (1.6 ng/ml)	Sample 7	Sample 7
H	Blank	Blank	Sample 8	Sample 8

- d. Add 25 µl of each **Sample**, in duplicate, to the designated wells and mix the contents.
- e. Cover with a **Plate Cover** and incubate at room temperature (18°C to 25°C) for 3 hours, if available on a microplate shaker at 100 rpm.
- f. Remove **Plate Cover** and empty wells. Wash the microwell strips 3 times with approximately 400 µl Wash Buffer per well with thorough aspiration of microwell contents between washes. Take care not to scratch the surface of the microwells.

After the last wash, tap microwell strips on absorbent pad or paper towel to remove excess Wash Buffer. Use the microwell strips immediately after washing or place upside down on a wet absorbent paper for no longer than 15 minutes. Do not allow wells to dry.

- g. Pipette 100 µl of **TMB Substrate Solution** to all wells, including the blank wells.
- h. Incubate the microwell strips at room temperature (18° to 25°C) for about 10 minutes. Avoid direct exposure to intense light.

The colour development on the plate should be monitored and the substrate reaction stopped (see point i. of this protocol) before positive wells are no longer properly recordable. Determination of the ideal time period for colour development has to be done individually for each assay.

It is recommended to add the stop solution when the highest standard has developed a dark blue colour.

Alternatively the colour development can be monitored by the ELISA reader at 620 nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.6 – 0.65.

- i. Stop the enzyme reaction by quickly pipetting 100 µl of **Stop Solution** into each well, including the blank wells. It is important that the Stop Solution is spread quickly and uniformly throughout the microwells to completely inactivate the enzyme. Results must be read immediately after the Stop Solution is added or within one hour if the microwell strips are stored at 2 - 8°C in the dark.
- j. Read absorbance of each microwell on a spectro-photometer using 450 nm as the primary wave length (optionally 620 nm as the

reference wave length; 610 nm to 650 nm is acceptable). Blank the plate reader according to the manufacturer's instructions by using the blank wells. Determine the absorbance of both the samples and the human sCD30 standards.

Note: In case of incubation without shaking the obtained O.D. values may be lower than indicated below. Nevertheless the results are still valid.

11 Calculation of Results

- Calculate the average absorbance values for each set of duplicate standards and samples. Duplicates should be within 20 per cent of the mean.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the human sCD30 concentration on the abscissa. Draw a best fit curve through the points of the graph.
- To determine the concentration of circulating human sCD30 for each sample, first find the mean absorbance value on the ordinate and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the abscissa and read the corresponding human sCD30 concentration.
- ***Samples have been diluted 1:4, thus the concentration read from the standard curve must be multiplied by the dilution factor (x 4).**
- It is suggested that each testing facility establishes a control sample of known human sCD30 concentration and runs this additional control with each assay. If the values obtained are not within the expected range of the control, the assay results may be invalid.
- A representative standard curve is shown in Figure 4. This curve cannot be used to derive test results. Every laboratory must prepare a standard curve for each group of microwell strips assayed.

* N.B: There is a common dilution factor for samples due to the conjugate which must then be included in the calculation. The samples contribute 100 µl to the final volume per well. These 100 µl are composed of 75 µl of sample diluent plus 25 µl of the sample. This is a 1:4 dilution.

The remaining 50 µl to give 150 µl are due to the addition of 50 µl conjugate to all wells.

75 µl sample diluent and 50 µl conjugate results in 125 µl reconstitution volume, addition of 25 µl sample (75 µl + 25 µl = 1:4 dilution)

Figure 4

Representative standard curve for human sCD30 Instant ELISA. Human sCD30 was diluted in serial 2-fold steps in Sample Diluent, each symbol represents the mean of 3 parallel titrations.

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

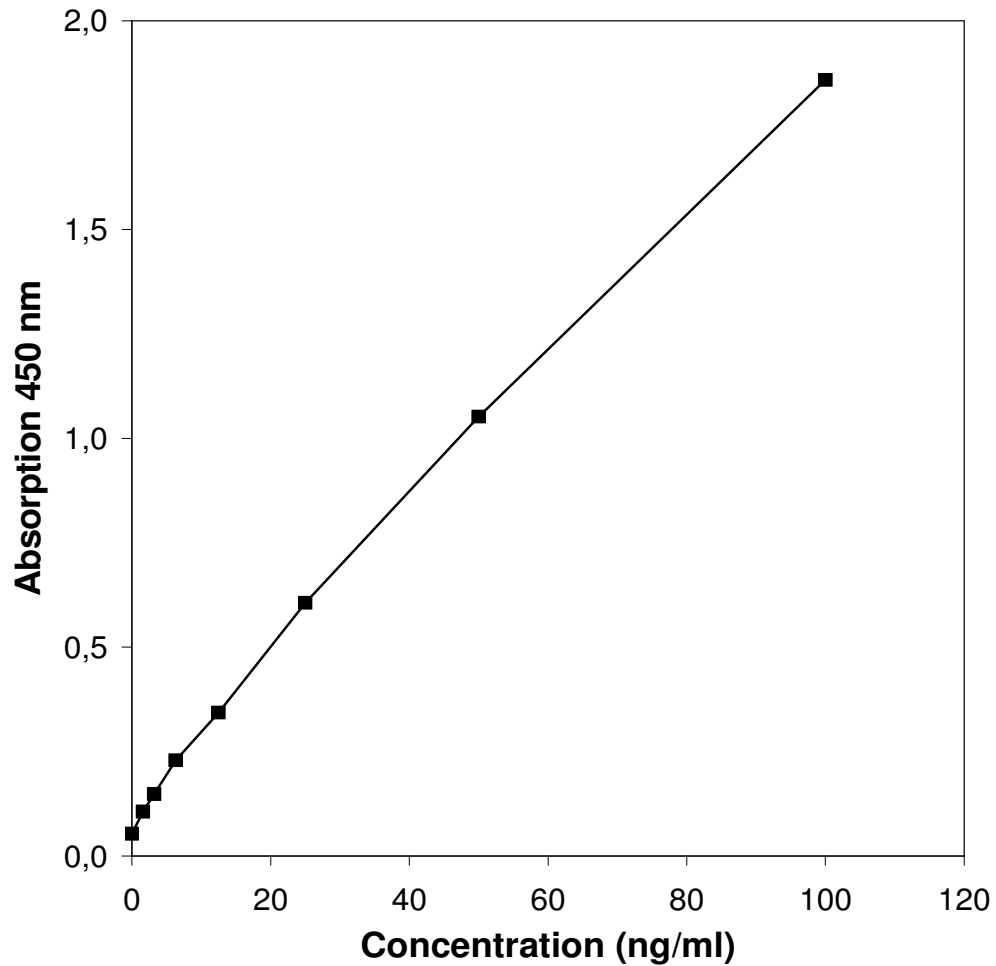


Table 2

Typical data using the human sCD30 INSTANT ELISA

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	human sCD30 Concentration (ng/ml)	O.D. (450 nm)	O.D. Mean	C.V. (%)
1	100.0	1.784	1.858	5.6
	100.0	1.932		
2	50.0	1.092	1.052	5.4
	50.0	1.012		
3	25.0	0.593	0.606	3.0
	25.0	0.619		
4	12.5	0.349	0.343	2.7
	12.5	0.336		
5	6.3	0.228	0.229	0.6
	6.3	0.230		
6	3.2	0.156	0.148	8.1
	3.2	0.139		
7	1.6	0.102	0.106	5.3
	1.6	0.110		
Blank	0	0.058	0.053	
	0	0.048		

The OD values of the standard curve may vary according to the conditions of assay performance (e.g. operator, pipetting technique, washing technique or temperature effects). Furthermore shelf life of the kit may affect enzymatic activity and thus colour intensity. Values measured are still valid.

12 Limitations

- Since exact conditions may vary from assay to assay, a standard curve must be established for every run.
- Bacterial or fungal contamination of either screen samples or reagents or cross-contamination between reagents may cause erroneous results.
- Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.
- Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Empty wells completely before dispensing fresh wash solution, fill with Wash Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.
- The use of radioimmunotherapy has significantly increased the number of patients with human anti-mouse IgG antibodies (HAMA). HAMA may interfere with assays utilizing murine monoclonal antibodies leading to both false positive and false negative results. Serum samples containing antibodies to murine immunoglobulins can still be analysed in such assays when murine immunoglobulins (serum, ascitic fluid, or monoclonal antibodies of irrelevant specificity) are added to the Sample.

13 Performance Characteristics

13.1 Sensitivity

The limit of detection of human sCD30 defined as the analyte concentration resulting in an absorbance significantly higher than that of the dilution medium (mean plus 2 standard deviations) was determined to be 0.33 ng/ml (mean of 6 independent assays).

13.2 Reproducibility

13.2.1 Intra-assay

Reproducibility within the assay was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 5 serum samples containing different concentrations of human sCD30. 2 standard curves were run on each plate. Data below show the mean human sCD30 concentration and the coefficient of variation for each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 9.2%.

Table 3

The Mean human sCD30 concentration and the coefficient of variation for each sample.

Positive Sample	Experiment	human sCD30 Concentration (ng/ml)	Coefficient of Variation (%)
1	1	95.3	2.4
	2	105.0	9.6
	3	84.7	5.7
2	1	92.4	12.2
	2	111.8	8.6
	3	79.0	13.6
3	1	136.7	14.9
	2	128.6	8.4
	3	113.2	3.3
4	1	139.6	16.4
	2	179.8	9.9
	3	135.3	4.0
5	1	151.0	8.2
	2	122.2	1.5
	3	133.3	19.8

13.2.2 Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in 3 independent experiments by 3 technicians. Each assay was carried out with 6 replicates of 5 serum samples containing different concentrations of human sCD30. 2 standard curves were run on each plate. Data below (see Table 4) show the mean human sCD30 concentration and the coefficient of variation calculated on 18 determinations of each sample. The calculated overall coefficient of variation was 12.9%.

Table 4

The mean human sCD30 concentration and the coefficient of variation calculated on 18 determinations of each sample.

Sample	human sCD30 Concentration (ng/ml)	Coefficient of Variation (%)
1	94.9	10.7
2	94.4	17.5
3	126.2	9.4
4	151.6	16.2
5	135.5	10.7

13.3 Spike Recovery

The spike recovery was evaluated by spiking 4 levels of human sCD30 into pooled normal human serum. Recoveries were determined in 3 independent experiments with 6 replicates each. The unspiked serum was used as blank in these experiments. Average recovery ranged from 74% to 111% with an overall mean recovery of 93%.

13.4 Dilution Parallelism

4 serum samples with different levels of human sCD30 were analysed at serial 2 fold dilutions with 4 replicates each. The recovery ranged between 85% and 120% with an overall mean recovery of 97%.

13.5 Sample Stability

13.5.1 Freeze-Thaw Stability

Aliquots of serum samples (unspiked or spiked) were stored at -20 °C and thawed 5 times, and the human sCD30 levels determined. There was no loss of human sCD30 immunoreactivity by freezing and thawing for 5 times.

13.5.2 Storage Stability

Aliquots of serum samples (spiked or unspiked) were stored at -20 °C, 2-8 °C, room temperature (RT) and at 37 °C, and the human sCD30 level determined after 24 h. There was no significant loss of human sCD30 immunoreactivity during storage at above conditions.

13.6 Comparison of Serum and Plasma

From two individuals each, serum as well as EDTA, citrate, and heparin plasma was obtained at the same time and tested for sCD30. Concentrations were not significantly different and therefore all these blood preparations are suitable for use in the assay. It is nevertheless highly recommended to assure the uniformity of blood preparations.

13.7 Specificity

To define the specificity of this ELISA several proteins were tested for cross reactivity. There was no cross reactivity observed.

13.8 Expected Values

A panel of 32 randomly selected sera from apparently healthy blood donors (male and female) was tested for human sCD30. The detected human sCD30 levels ranged between 17.5 and 130.7 ng/ml with a mean level of 38.7 ng/ml and a standard deviation of ± 28.0 ng/ml.

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15 Ordering Information

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Cat.No. BMS240INST human sCD30 INSTANT ELISA

16 Reagent Preparation Summary

16.1 Wash Buffer

Add **Wash Buffer Concentrate** 20 x (25 ml) to 475 ml distilled water

17 Test Protocol Summary

- Place standard strips in position A1/A2 to H1/H2.
- Add 125 µl **distilled water** to sample wells.
- Add **distilled water**, in duplicate, to all standard and blank wells as indicated on the label of the standard strips.
- Add 25 µl **Sample** to designated wells.
- Cover microwell strips and incubate 3 hours at room temperature (18° to 25°C) on a microplate shaker at 100 rpm.
- Empty and wash microwell strips 3 times with 400 µl **Wash Buffer**.
- Add 100 µl of **TMB Substrate Solution** to all wells including blank wells.
- Incubate the microwell strips for about 10 minutes at room temperature (18° to 25°C).
- Add 100 µl **Stop Solution** to all wells including blank wells.
- Blank microwell reader and measure colour intensity at 450 nm.

Note: Samples have been diluted 1:4, thus the concentration read from the standard curve must be multiplied by the dilution factor (x 4).