

*PRODUCT INFORMATION AND MANUAL*

***human sL-selectin  
Instant ELISA***

***BMS206INST***

Enzyme-linked immunosorbent assay for quantitative  
detection of human sL-selectin.

For research use only.

Not for diagnostic or therapeutic procedures.

128 Tests

**human sL-selectin  
BMS206INST**



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## 1 Intended Use

The human sL-selectin Instant ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of soluble L-selectin (Leukocyte-Endothelial Cell Adhesion molecule-1) levels in cell culture supernatants, human serum, plasma, amniotic fluid, or other body fluids. The human sL-selectin Instant ELISA is **for research use only. Not for diagnostic or therapeutic procedures.**

## 2 Summary

Leukocyte-Endothelial Cell Adhesion Molecule-1, L-selectin (LECAM-1, MEL-14, LAM-1, LEU-8, TQ1, LEC.CAM-1, DREG.56) belongs to the selectin family of adhesion molecules (4, 10). Together with ELAM-1 (E-selectin) and GMP-140 (P-selectin) L-selectin mediates the initial interactions of leukocytes with endothelial cells (19).

Molecular structure: The extracellular part of all selectins consists of an aminoterminal c-type lectin domain which specifically binds to carbohydrate ligands. This is followed by an EGF-like domain, and in the case of L-selectin, by 2 short consensus repeats similar to the short consensus units in complement regulatory proteins. The transmembrane portion of the molecule is followed by a short cytoplasmic tail.

Selectins guide non-activated polymorphonuclear cells to the areas of inflammation in creating first, loose contacts with the endothelial layer. L-selectin in this aspect mediates rolling of PMN's on endothelial cells (18). The potential binding partners of L-selectin carry a negative charge, probably a sialic acid and/or sulphate, and may contain mannose and fucose (3, 13). In addition, L-selectin may also interact with ELAM-1 which is expressed on cytokine-activated endothelial cells. L-selectin is constitutively expressed on most leukocytes (PMN's, monocytes, lymphocyte subsets) in a seemingly functional form (19, 20). It is required for the binding of lymphocytes to the high endothelial venules of peripheral lymph nodes (and therefore serves as a lymphocyte recirculating receptor) and for the invasion of neutrophils into sites of inflammation (13).

When neutrophils are activated, L-selectin is shed by proteolytic cleavage near the transmembrane span (5). Lymphocytes and monocytes can also shed L-selectin upon activation although the

kinetics are significantly lower. A broad range of activating agents including C5a, fMLP, TNF, GM-CSF, IL-8 are effective in inducing this response (6, 15). The shed form of L-selectin (sL-selectin) is functionally active and at high concentrations can inhibit leukocyte attachment to endothelium (16). The main source for sL-selectin in serum seems to be tissue localized leukocytes.

Determination of soluble/circulating L-selectin could provide more detailed insights into the pathological modifications during various diseases (14, 16):

- **allergy:** L-selectin expression is down-modulated on eosinophils recovered from bronchoalveolar lavage fluid after allergen provocation (11).
- **bronchoalveolar lavage (BAL):** BAL transiently promotes PMN/monocyte activation and recruitment to the bronchoalveolar space. The cells respond with a complete shedding of L-selectin when they extravasate from the blood into the bronchoalveolar space (8).
- **deep venous thrombosis (DVT):** A case can be made for the participation of PMN's in the initiation and propagation of venous thrombosis. Probably via L-selectin leukocytes adhere to areas of veins that serve as sites for initiation of thrombi (17).
- **HIV:** patients suffering from HIV-infection showed markedly elevated levels of sL-selectin in serum (16).
- **insulin-dependent diabetes mellitus (IDDM):** serum levels of L-selectin were found to be elevated in IDDM patients and in subjects at risk for developing IDDM (9).
- **Kawasaki Syndrome:** sL-selectin levels seem to be less than those of normals (16).
- **malignant B-cell populations:** B-cell chronic lymphocytic leukaemia, hairy cell leukaemia and mantle zone lymphoma are L-selectin positive (12).

- **neonatal bacterial infection:** in case of intra-uterine infection lymphocytes obtained from cord blood have a diminished L-selectin expression. This is independent of gestational age, birth weight, umbilical artery pH, hematocrit, leukocyte count, absolute neutrophil count, CRP-level or maternal fever (1).
- **sepsis:** patients suffering from sepsis showed markedly elevated levels of sL-selectin in serum (16). Vascular endothelial injury observed in overwhelming sepsis may be caused by neutrophil-derived enzymes. Adherence to endothelium is a prerequisite for this process. Measurement of sL-selectin may provide further insights into the interrelationship between neutrophil activation and endothelial damage in gram-negative sepsis (7).
- **surgery:** patients undergoing cardiopulmonary bypass surgery may develop an acute post-operative capillary leak, due to endothelial injury inflicted by adherent neutrophils. In those patients L-selectin is completely lost in a small but progressively increasing proportion of PMN's, which could be responsible for the endothelial damage (2).

### 3 Principles of the Test

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

Following incubation unbound enzyme conjugated anti-human sL-selectin 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 sL-selectin 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 sL-selectin standard dilutions and human sL-selectin sample concentration determined.

Figure 1

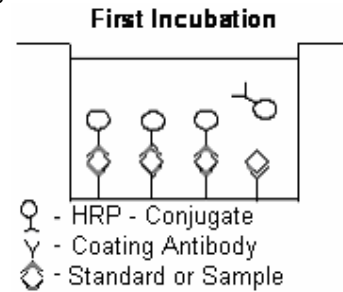


Figure 2

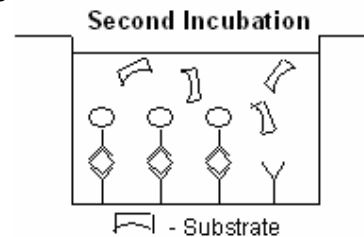
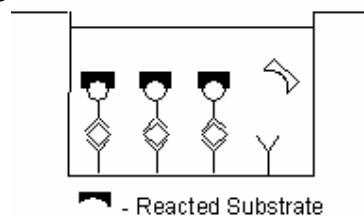


Figure 3



#### 4 Reagents Provided

- 1 aluminium pouch with a **Microwell Plate coated with Monoclonal Antibody** (murine) to human sL-selectin, **Sample Diluent** and **HRP-Conjugate** (anti-sL-selectin monoclonal (murine) antibody), lyophilized
- 2 aluminium pouches with a **human sL-selectin 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 (50 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, amniotic fluid, or other body fluids 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  $-20^{\circ}\text{C}$  to avoid loss of bioactive human sL-selectin. If samples are to be run within 24 hours, they may be stored at  $2^{\circ}$  to  $8^{\circ}\text{C}$  (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, mixed gently and diluted properly with Sample Diluent (1:100).

## **7 Materials Required But Not Provided**

- 5 ml and 10 ml graduated pipettes
- 5  $\mu$ l to 1000  $\mu$ l adjustable single channel micropipettes with disposable tips
- 50  $\mu$ l to 300  $\mu$ 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. Dilute serum or plasma samples 1:100 with Sample Diluent according to one of the following dilution schemes:
- I. 5 µl Sample + 495 µl Sample Diluent or alternatively
  - II. 10 µl Sample + 90 µl Sample Diluent, take 50 µl of this 1:10 diluted Sample and add 450 µl Sample Diluent.
- b. 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).
- c. Add 100 µl of distilled water to the sample wells.
- d. 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:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>A</b>	Standard 1 (25.00 ng/ml)	Standard 1 (25.00 ng/ml)	Sample 1	Sample 1
<b>B</b>	Standard 2 (12.50 ng/ml)	Standard 2 (12.50 ng/ml)	Sample 2	Sample 2
<b>C</b>	Standard 3 (6.25 ng/ml)	Standard 3 (6.25 ng/ml)	Sample 3	Sample 3
<b>D</b>	Standard 4 (3.13 ng/ml)	Standard 4 (3.13 ng/ml)	Sample 4	Sample 4
<b>E</b>	Standard 5 (1.56 ng/ml)	Standard 5 (1.56 ng/ml)	Sample 5	Sample 5
<b>F</b>	Standard 6 (0.78 ng/ml)	Standard 6 (0.78 ng/ml)	Sample 6	Sample 6
<b>G</b>	Standard 7 (0.39 ng/ml)	Standard 7 (0.39 ng/ml)	Sample 7	Sample 7
<b>H</b>	Blank	Blank	Sample 8	Sample 8

- e. Add 50 µl of each 1:100 prediluted **Sample**, in duplicate, to the designated wells and mix the contents.
- f. Cover with a **Plate Cover** and incubate at room temperature (18°C to 25°C) for 2 hours, if available on a microplate shaker at 100 rpm.
- g. 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.

- h. Pipette 100 µl of **TMB Substrate Solution** to all wells, including the blank wells.
- i. 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 j. 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.

- j. 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.
- k. 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 sL-selectin 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 sL-selectin concentration on the abscissa. Draw a best fit curve through the points of the graph.
- To determine the concentration of circulating human sL-selectin 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 sL-selectin concentration.
- **\*Samples have been diluted 1:200, thus the concentration read from the standard curve must be multiplied by the dilution factor (x 200).**
- It is suggested that each testing facility establishes a control sample of known human sL-selectin 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 50 µl of sample diluent plus 50 µl of the 1:100 prediluted sample. This is a 1:200 dilution.

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

50 µl sample diluent and 50 µl conjugate results in 100 µl reconstitution volume, addition of 50 µl 1:100 prediluted sample (50 µl + 50 µl of 1:100 prediluted sample = 1:200 dilution)

Figure 4

Representative standard curve for human sL-selectin Instant ELISA. Human sL-selectin 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.

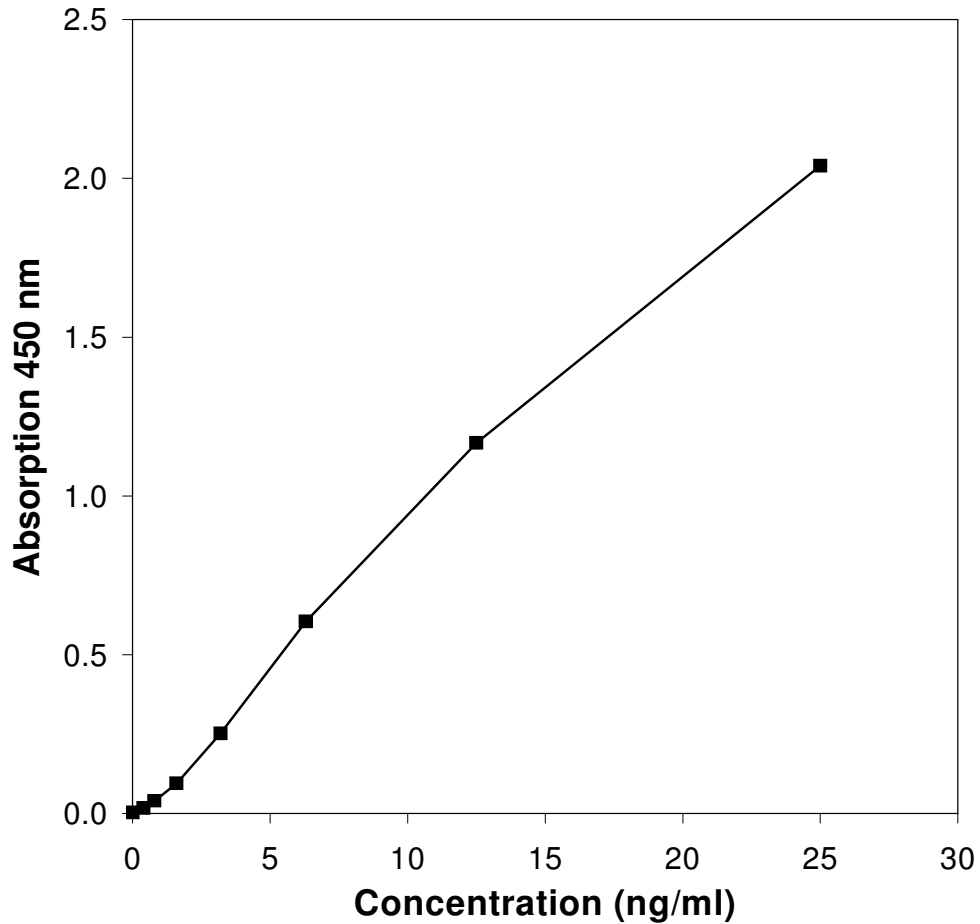


Table 2

Typical data using the human sL-selectin INSTANT ELISA

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	human sL-selectin Concentration (ng/ml)	O.D. (450 nm)	O.D. Mean	C.V. (%)
1	25.00	1.942	1.916	1.9
	25.00	1.890		
2	12.50	1.412	1.398	1.4
	12.50	1.384		
3	6.25	0.799	0.768	5.7
	6.25	0.737		
4	3.13	0.346	0.360	5.3
	3.13	0.373		
5	1.56	0.159	0.162	2.6
	1.56	0.165		
6	0.78	0.073	0.075	3.8
	0.78	0.077		
7	0.39	0.039	0.038	5.7
	0.39	0.036		
Blank	0	0.008	0.009	
	0	0.009		

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 sL-selectin 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 0.198 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 6 serum samples containing different concentrations of human sL-selectin. 2 standard curves were run on each plate. Data below show the mean human sL-selectin 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 sL-selectin concentration and the coefficient of variation for each sample.

Positive Sample	Experiment	human sL-selectin Concentration (ng/ml)	Coefficient of Variation (%)
1	1	1529	12
	2	1733	10
	3	1842	10
2	1	1416	16
	2	1335	0.6
	3	1569	7
3	1	3530	9
	2	2988	9
	3	2402	12
4	1	1270	13
	2	1274	4
	3	1265	13
5	1	2059	6
	2	1719	2
	3	1663	8
6	1	2012	10
	2	1773	7
	3	1580	11

### 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 6 serum samples containing different concentrations of human sL-selectin. 2 standard curves were run on each plate. Data below (see Table 4) show the mean human sL-selectin concentration and the coefficient of variation calculated on 18 determinations of each sample. The calculated overall coefficient of variation was 10.0%.

Table 4

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

Sample	human sL-selectin Concentration (ng/ml)	Coefficient of Variation (%)
1	1702	9.3
2	1440	8.3
3	2973	19.0
4	1270	0.4
5	1814	11.8
6	1788	12.1

### 13.3 Spike Recovery

The spike recovery was evaluated by spiking 3 levels of human sL-selectin into 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 80% to 126% with an overall mean recovery of 104%.

### **13.4 Dilution Parallelism**

4 serum samples with different levels of human sL-selectin were analysed at serial 2 fold dilutions with 4 replicates each. The recovery ranged between 80% and 123% with an overall recovery of 93%.

### **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 sL-selectin levels determined. There was no significant loss of human sL-selectin immunoreactivity between 0 and 5 freeze-thaw cycles.

#### **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 sL-selectin level determined after 24 h. There was no significant loss of human sL-selectin immunoreactivity during storage under above conditions.

### **13.6 Specificity**

The assay detects both natural and recombinant human sL-selectin. To define the specificity of this ELISA several proteins were tested for cross reactivity. There was no cross reactivity determined for IL-8, sICAM-1, sTNF-R, TNF- $\alpha$ , TNF- $\beta$ , CD8, IL-2, IL-2R, IL-6, IL-6R, IL-10, sE-selectin, CD44 and HER-2.

### **13.7 Expected Values**

A panel of 22 randomly selected sera from healthy blood donors (male and female) was tested for human sL-selectin. The detected human sL-selectin levels ranged between 487.3 and 1096.3 ng/ml with a mean level of 842 ng/ml and a standard deviation of  $\pm$  168.9 ng/ml.

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**Cat.No. BMS206INST human sL-selectin 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

- Predilute sample with Sample Diluent 1:100
- Place standard strips in position A1/A2 to H1/H2.
- Add 100 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 50 µl 1:100 prediluted **Sample** to designated wells.
- Cover microwell strips and incubate 2 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 1:200, thus the concentration read from the standard curve must be multiplied by the dilution factor (x 200).**