

# *PRODUCT INFORMATION AND MANUAL*

## ***human MIP-1 $\alpha$*** ***Instant ELISA***

### ***BMS2029INST***

Enzyme-linked immunosorbent assay for quantitative  
detection of human MIP-1 $\alpha$ .

For research use only.

Not for diagnostic or therapeutic procedures.

128 Tests

**human MIP-1 $\alpha$**   
**BMS2029INST**



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## 1 Intended Use

The human MIP-1 $\alpha$  Instant ELISA is an enzyme-linked immunosorbent assay for the quantitative detection of MIP-1 $\alpha$  levels in cell culture supernatants, serum and plasma. The human MIP-1 $\alpha$  Instant ELISA is **for research use only. Not for diagnostic or therapeutic procedures.**

## 2 Summary

Chemokines are cytokines that induce chemotaxis of inflammatory cells. They are able to induce leukocyte chemotaxis and adhesion to endothelial cells.

Macrophage inflammatory protein 1 alpha (MIP-1alpha) and beta (MIP-1beta) belong to the family of cysteine-cysteine (cc) chemokines, RANTES being another prominent member thereof. The chemokines self-associate to form high molecular mass aggregates while the monomers are low mass polypeptides. Both MIP-1alpha and MIP-1beta are not only chemoattractants but also coactivators of macrophages acting in concert with IFN- $\gamma$  as type 1 cytokines.

MIP-1alpha and MIP-1beta are distinct but highly homologous chemokines produced by a variety of host cells in response to various external stimuli and share affinity for their receptor CCR5. The roles of MIP-1alpha and MIP-1beta have been elucidated in response to their effects on cellular and humoral immune response.

MIP-1alpha was shown to stimulate strong antigen specific responses, while MIP-1beta promotes antibody responses.

Both macrophage inflammatory proteins are however strictly associated with type 1 immune response.

Determination of the expression levels of the MIP-1s turned out to provide important information regarding numerous diseases such as multiple myeloma, allergic asthmatic disorders, acute experimental autoimmune encephalomyelitis, HIV infection, sarcoidosis and sepsis.

An important role of the chemokines has further been shown in the pathogenesis of hemophagocytic syndrome, in the active demyelinating of multiple sclerosis lesions, the modulating of the process of apical periodontitis, the inflammation associated with atopic dermatitis.

Stimulatory effects by MIP-1 on synovial fibroblasts play a potential role in the regulation of T-cells in rheumatoid joints in case of rheumatoid

arthritis. The chemokine concentrations correlate with infection in lyme borreliosis. High expression was further detected in gastric cancers.

### 3 Principles of the Test

An anti-human MIP-1 $\alpha$  polyclonal coating antibody is adsorbed onto microwells. Human MIP-1 $\alpha$  present in the sample or standard binds to antibodies adsorbed to the microwells; a biotin-conjugated polyclonal anti-human MIP-1 $\alpha$  antibody binds to human MIP-1 $\alpha$  captured by the first antibody. Streptavidin-HRP binds to the biotin conjugated anti-human MIP-1 $\alpha$ .

Following incubation unbound biotin conjugated anti human MIP-1 $\alpha$  and Streptavidin-HRP 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 soluble human MIP-1 $\alpha$  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 MIP-1 $\alpha$  standard dilutions and human MIP-1 $\alpha$  sample concentration determined.

Figure 1

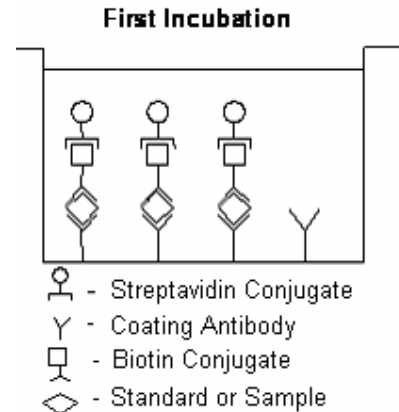


Figure 2

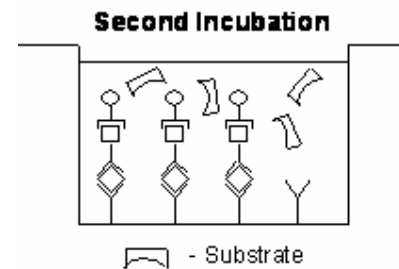
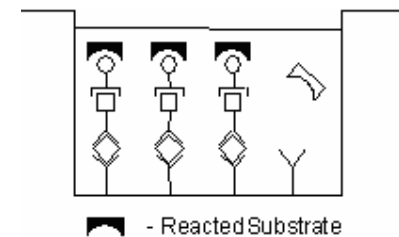


Figure 3



#### 4 Reagents Provided

- 1 aluminium pouch with a **Microwell Plate coated with Polyclonal Antibody** to MIP-1 $\alpha$ , **Biotin-Conjugate** (anti-MIP-1 $\alpha$  polyclonal antibody), **Streptavidin-HRP**, and Sample diluent, lyophilized
- 2 aluminium pouches with a **human MIP-1 $\alpha$  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, serum, EDTA, or heparinized plasma 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 MIP-1 $\alpha$ . 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 and mixed gently.

## 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. 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 100 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:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>A</b>	Standard 1 (1000 pg/ml)	Standard 1 (1000 pg/ml)	Sample 1	Sample 1
<b>B</b>	Standard 2 (500 pg/ml)	Standard 2 (500 pg/ml)	Sample 2	Sample 2
<b>C</b>	Standard 3 (250 pg/ml)	Standard 3 (250 pg/ml)	Sample 3	Sample 3
<b>D</b>	Standard 4 (125 pg/ml)	Standard 4 (125 pg/ml)	Sample 4	Sample 4
<b>E</b>	Standard 5 (62.5 pg/ml)	Standard 5 (62.5 pg/ml)	Sample 5	Sample 5
<b>F</b>	Standard 6 (31.3 pg/ml)	Standard 6 (31.3 pg/ml)	Sample 6	Sample 6
<b>G</b>	Standard 7 (15.6 pg/ml)	Standard 7 (15.6 pg/ml)	Sample 7	Sample 7
<b>H</b>	Blank	Blank	Sample 8	Sample 8

- d. Add 50 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 10-20 min. 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. 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 MIP-1 $\alpha$  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 MIP-1 $\alpha$  concentration on the abscissa. Draw a best fit curve through the points of the graph.
- To determine the concentration of circulating human MIP-1 $\alpha$  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 MIP-1 $\alpha$  concentration.
- **\*Samples have been diluted 1:2, thus the concentration read from the standard curve must be multiplied by the dilution factor (x 2).**
- It is suggested that each testing facility establishes a control sample of known human MIP-1 $\alpha$  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  $\mu$ l to the final volume per well. These 100  $\mu$ l are composed of 50  $\mu$ l of sample diluent plus 50  $\mu$ l of the sample. This is a 1:2 dilution.

The remaining 50  $\mu$ l to give 150  $\mu$ l are due to the addition of 50  $\mu$ l conjugate to all wells.

50  $\mu$ l sample diluent and 50  $\mu$ l conjugate results in 50  $\mu$ l reconstitution volume, addition of 50  $\mu$ l sample (50  $\mu$ l + 50  $\mu$ l = 1:2 dilution)

Figure 4

Representative standard curve for human MIP-1 $\alpha$  Instant ELISA. Human MIP-1 $\alpha$  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.

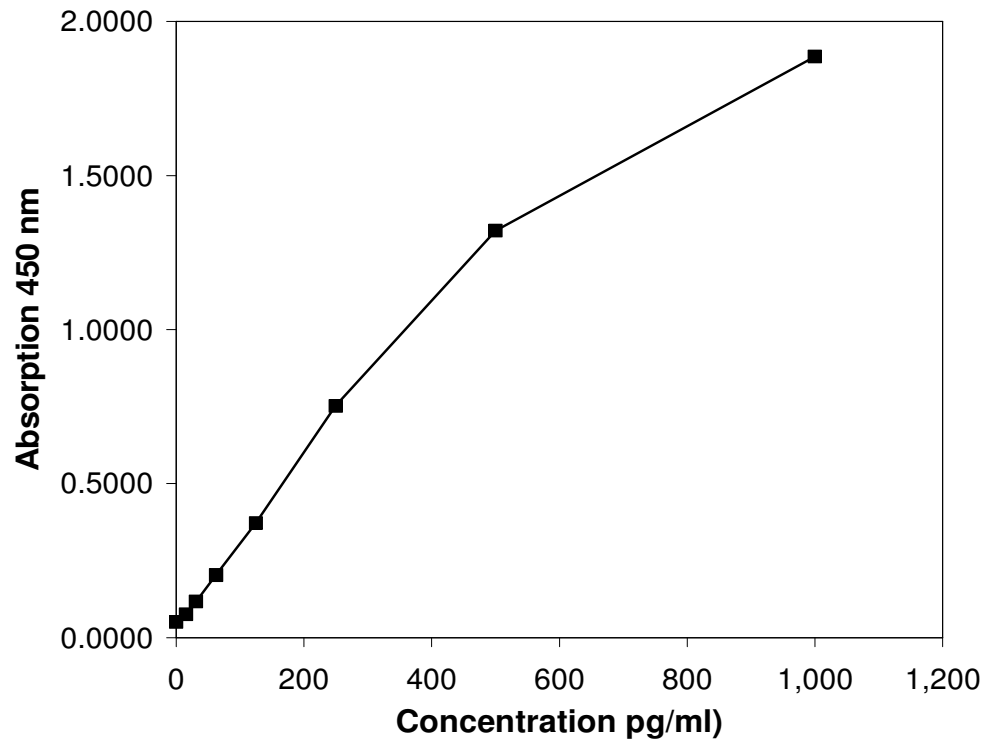


Table 2

Typical data using the human MIP-1 $\alpha$  INSTANT ELISA

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	human MIP-1 $\alpha$ Concentration (pg/ml)	O.D. (450 nm)	O.D. Mean	C.V. (%)
1	1000	1.847	1.886	2.9
	1000	1.925		
2	500	1.253	1.233	4.6
	500	1.212		
3	250	0.761	0.753	1.6
	250	0.744		
4	125	0.366	0.373	2.5
	125	0.379		
5	62.5	0.204	0.203	0.7
	62.5	0.202		
6	31.3	0.124	0.118	7.8
	31.3	0.111		
7	15.6	0.077	0.076	1.9
	15.6	0.075		
Blank		0.051	0.051	1.4
		0.050		

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.

## **13 Performance Characteristics**

### **13.1 Sensitivity**

The limit of detection of human MIP-1 $\alpha$  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 <6.0 pg/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 8 serum samples containing different concentrations of human MIP-1 $\alpha$ . 2 standard curves were run on each plate. Data below show the mean human MIP-1 $\alpha$  concentration and the coefficient of variation for each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 7.3%.

Table 3

The mean human MIP-1 $\alpha$  concentration and the coefficient of variation for each sample.

Positive Sample	Experiment	human MIP-1 $\alpha$ Concentration (pg/ml)	Coefficient of Variation (%)
1	1	463.2	7
	2	467.6	4
	3	574.7	5
2	1	430.5	8
	2	420.5	5
	3	472.0	9
3	1	318.4	8
	2	330.2	5
	3	319.2	8
4	1	198.9	7
	2	208.1	3
	3	187.8	11
5	1	380.5	3
	2	381.5	4
	3	380.6	6
6	1	221.9	6
	2	223.3	10
	3	214.9	9
7	1	99.0	7
	2	107.5	11
	3	101.9	11
8	1	80.4	8
	2	88.6	10
	3	71.4	9

### 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 8 serum samples containing different concentrations of human MIP-1 $\alpha$ . 2 standard curves were run on each plate. Data below (see Table 4) show the mean human MIP-1 $\alpha$  concentration and the coefficient of variation calculated on 18 determinations of each sample. The calculated overall coefficient of variation was 5.4%.

Table 4

The mean human MIP-1 $\alpha$  concentration and the coefficient of variation calculated on 18 determinations of each sample.

Sample	human MIP-1 $\alpha$ Concentration (pg/ml)	Coefficient of Variation (%)
1	501.8	12.6
2	441.0	6.2
3	322.6	2.0
4	198.3	5.1
5	380.8	0.1
6	219.8	2.3
7	102.8	4.2
8	80.2	10.7

### 13.3 Spike Recovery

The spike recovery was evaluated by spiking 4 levels of recombinant human MIP-1 $\alpha$  into human serum. Recoveries were determined in 3 independent experiments with 2 replicates each. The unspiked serum was used as blank in these experiments. The average overall mean recovery was 92.3%.

## 13.4 Dilution Parallelism

4 serum samples with different levels of human MIP-1 $\alpha$  were analysed at serial 2 fold dilutions with 4 replicates each. The recovery ranged between 94% and 117% with an overall recovery of 104.4% (see Table 5).

Table 5

Sample	Dilution	MIP-1 $\alpha$ Concentration (pg/ml)		% Recovery of Exp. Val.
		Expected Value	Observed Value	
1	1:2	--	798.0	--
	1:4	399.0	375.6	94.1
	1:8	187.8	209.8	111.7
	1:16	104.9	105.3	100.3
2	1:2	--	605.9	--
	1:4	303.0	290.8	96.0
	1:8	145.4	149.5	102.8
	1:16	74.7	77.4	103.6
3	1:2	--	434.2	--
	1:4	217.1	234.0	107.8
	1:8	117.0	132.9	113.6
	1:16	66.4	66.6	100.3
4	1:2	--	196.6	--
	1:4	98.3	114.5	116.5
	1:8	57.3	57.9	101.2
	1:16	29.0	30.4	105.0

## 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 MIP-1 $\alpha$  levels determined. There was no significant loss of human MIP-1 $\alpha$  immunoreactivity detected by freezing and thawing .

### 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 MIP-1 $\alpha$  level determined after 72 h. There was about 20% loss of MIP-1 $\alpha$  immunoreactivity during storage at 4 °C, 75% loss at RT and 90% loss at 37 °C. **Store samples at -20 °C!!**

### 13.6 Specificity

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

## 14 Bibliography

- 1) Abe M, Hiura K, Wilde J, Moriyama K, Hashimoto T, Ozaki S, Wakatsuki S, Kosaka M, Kido S, Inoue D, Matsumoto T. Role for macrophage inflammatory protein (MIP)-1alpha and MIP-1beta in the development of osteolytic lesions in multiple myeloma. *Blood*. 2002; 100(6):2195-202.
- 2) Alam R, York J, Boyars M, Stafford S, Grant JA, Lee J, Forsythe P, Sim T, Ida N. Increased MCP-1, RANTES, and MIP-1alpha in bronchoalveolar lavage fluid of allergic asthmatic patients. *Am J Respir Crit Care Med*. 1996; 153 (4 Pt 1):1398-404.
- 3) Ashfield JT, Meyers T, Lowne D, Varley PG, Arnold JR, Tan P, Yang JC, Czaplewski LG, Dudgeon T, Fisher J. Chemical modification of a variant of human MIP-1alpha; implications for dimer structure. *Protein Sci*. 2000; 9(10):2047-53.
- 4) Boven LA, Montagne L, Nottet HS, De Groot CJ. Macrophage inflammatory protein-1alpha (MIP-1alpha), MIP-1beta, and RANTES mRNA semiquantification and protein expression in active demyelinating multiple sclerosis (MS) lesions. *Clin Exp Immunol*. 2000; 122(2):257-63.
- 5) Cocchi F, DeVico AL, Yarchoan R, Redfield R, Cleghorn F, Blattner WA, Garzino-Demo A, Colombini-Hatch S, Margolis D, Gallo RC. Higher macrophage inflammatory protein (MIP)-1alpha and MIP-1beta levels from CD8+ T cells are associated with asymptomatic HIV-1 infection. *Proc Natl Acad Sci USA*. 2000; 97(25):13812-7.
- 6) Czaplewski LG, McKeating J, Craven CJ, Higgins LD, Appay V, Brown A, Dudgeon T, Howard LA, Meyers T, Owen J, Palan SR, Tan P, Wilson G, Woods NR, Heyworth CM, Lord BI, Brotherton D, Christison R, Craig S, Cribbes S, Edwards RM, Evans SJ, Gilbert R, Morgan P, Randle E, Schofield N, Varley PG, Fisher J, Waltho JP, Hunter MG. Identification of amino acid residues critical for aggregation of human CC chemokines macrophage inflammatory protein (MIP)-1alpha, MIP-1beta, and RANTES. Characterization of active disaggregated chemokine variants. *J Biol Chem*. 1999; 274(23):16077-84.

- 7) Dorner BG, Scheffold A, Rolph MS, Huser MB, Kaufmann SH, Radbruch A, Flesch IE, Kroczeck RA. MIP-1alpha, MIP-1beta, RANTES, and ATAC/lymphotactin function together with IFN-gamma as type 1 cytokines. *Proc Natl Acad Sci USA*. 2002; 99(9):6181-6. Epub 2002 Apr 23.
- 8) Glabinski AR, Tuohy VK, Ransohoff RM. Expression of chemokines RANTES, MIP-1alpha and GRO-alpha correlates with inflammation in acute experimental autoimmune encephalomyelitis. *Neuroimmunomodulation*. 1998; 5(3-4):166-71.
- 9) Grob M, Schmid-Grendelmeier P, Joller-Jemelka HI, Ludwig E, Dubs RW, Grob PJ, Wuthrich B, Bisset LR. Altered intracellular expression of the chemokines MIP-1alpha, MIP-1beta and IL-8 by peripheral blood CD4+ and CD8+ T cells in mild allergic asthma. *Allergy*. 2003; 58(3):239-45.
- 10) Grygorczuk S, Pancewicz S, Zajkowska J, Kondrusik M, Rwierzbinska R, Hermanowska-Szpakowicz T. Concentrations of macrophage inflammatory proteins MIP-1alpha and MIP-1beta and interleukin 8 (il-8) in lyme borreliosis. *Infection*. 2004; 32(6):350-5.
- 11) Hashimoto S, Nakayama T, Gon Y, Hata N, Koura T, Maruoka S, Matsumoto K, Hayashi S, Abe Y, Horie T. Correlation of plasma monocyte chemoattractant protein-1 (MCP-1) and monocyte inflammatory protein-1alpha (MIP-1alpha) levels with disease activity and clinical course of sarcoidosis. *Clin Exp Immunol*. 1998; 111(3):604-10.
- 12) Hashimoto T, Abe M, Oshima T, Shibata H, Ozaki S, Inoue D, Matsumoto T. Ability of myeloma cells to secrete macrophage inflammatory protein (MIP)-1alpha and MIP-1beta correlates with lytic bone lesions in patients with multiple myeloma. *Br J Haematol*. 2004; 125(1):38-41.
- 13) Hub E, Rot A. Binding of RANTES, MCP-1, MCP-3, and MIP-1alpha to cells in human skin. *Am J Pathol*. 1998; 152(3):749-57.
- 14) Kabashima H, Yoneda M, Nagata K, Hirofuji T, Ishihara Y, Yamashita M, Maeda K. The presence of chemokine receptor (CCR5, CXCR3, CCR3)-positive cells and chemokine (MCP1, MIP-1alpha, MIP-1beta, IP-10)-positive cells in human periapical granulomas. *Cytokine*. 2001; 16(2):62-6.

- 15) Kabashima H, Yoneda M, Nagata K, Hirofuji T, Maeda K. The presence of chemokine (MCP-1, MIP-1alpha, MIP-1beta, IP-10, RANTES)-positive cells and chemokine receptor (CCR5, CXCR3)-positive cells in inflamed human gingival tissues. *Cytokine*. 2002; 20(2):70-7.
- 16) Kaburagi Y, Shimada Y, Nagaoka T, Hasegawa M, Takehara K, Sato S. Enhanced production of CC-chemokines (RANTES, MCP-1, MIP-1alpha, MIP-1beta, and eotaxin) in patients with atopic dermatitis. *Arch Dermatol Res*. 2001; 293(7):350-5.
- 17) Kim S, Jao S, Laurence JS, LiWang PJ. Structural comparison of monomeric variants of the chemokine MIP-1beta having differing ability to bind the receptor CCR5. *Biochemistry*. 2001; 40(36):10782-91.
- 18) Lillard JW Jr, Singh UP, Boyaka PN, Singh S, Taub DD, McGhee JR. MIP-1alpha and MIP-1beta differentially mediate mucosal and systemic adaptive immunity. *Blood*. 2003; 101(3):807-14. Epub 2002.
- 19) O'Grady NP, Tropea M, Preas HL 2nd, Reda D, Vandivier RW, Banks SM, Suffredini AF. Detection of macrophage inflammatory protein (MIP)-1alpha and MIP-1beta during experimental endotoxemia and human sepsis. *J Infect Dis*. 1999; 179(1):136-41.
- 20) Saito S, Kitayama J, Jin ZX, Tsuno N, Kaisaki S, Seto Y, Nagawa H. Beta-chemokine, macrophage inflammatory protein-1beta (MIP-1beta), is highly expressed in diffuse type human gastric cancers. *J Exp Clin Cancer Res*. 2003; 22(3):453-9.
- 21) Schrum S, Probst P, Fleischer B, Zipfel PF. Synthesis of the CC-chemokines MIP-1alpha, MIP-1beta, and RANTES is associated with a type 1 immune response. *J Immunol*. 1996 157(8):3598-604.
- 22) Terpos E, Politou M, Szydlo R, Goldman JM, Apperley JF, Rahemtulla A. Serum levels of macrophage inflammatory protein-1 alpha (MIP-1alpha) correlate with the extent of bone disease and survival in patients with multiple myeloma. *Br J Haematol*. 2003; 123(1):106-9.

- 23) Teruya-Feldstein J, Setsuda J, Yao X, Kingma DW, Straus S, Tosato G, Jaffe ES. MIP-1alpha expression in tissues from patients with hemophagocytic syndrome. *Lab Invest.* 1999; 79(12):1583-90.
- 24) Trumpfheller C, Tenner-Racz K, Racz P, Fleischer B, Frosch S. Expression of macrophage inflammatory protein (MIP)-1alpha, MIP-1beta, and RANTES genes in lymph nodes from HIV+ individuals: correlation with a Th1-type cytokine response. *Clin Exp Immunol.* 1998; 112(1):92-9.
- 25) Wang CR, Liu MF. Regulation of CCR5 expression and MIP-1alpha production in CD4+ T cells from patients with rheumatoid arthritis. *Clin Exp Immunol.* 2003; 132(2):371-8.

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## 15 Ordering Information

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**Cat.No. BMS2029INST human MIP-1 $\alpha$  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 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 **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 10-20 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 1:2, thus the concentration read from the standard curve must be multiplied by the dilution factor (x 2).**