



Nori® Human IFN β ELISA Kit- DataSheet

Interferons (IFNs) are proteins made and released by host cells in response to the presence of pathogens such as viruses, bacteria, parasites or tumor cells, and are very important for fighting viral infections. They allow for communication between cells to trigger the protective defenses of the immune system that eradicate pathogens or tumors. IFNs belong to the large class of glycoproteins known as cytokines and are named after their ability to "interfere" with viral replication within host cells. IFNs have other functions: activation of immune cells, such as natural killer cells and macrophages; increasing recognition of infection or tumor cells by up-regulating antigen presentation to T lymphocytes; and increasing the ability of uninfected host cells to resist new infection by virus. Certain symptoms, such as aching muscles and fever, are related to the production of IFNs during infection. About ten distinct IFNs have been identified in mammals and are typically divided among three IFN classes: Type I, Type II and Type III IFN and IFN- β belongs to type I IFNs bind to a specific cell surface receptor complex known as the IFN- α receptor (IFNAR) that consists of IFNAR1 and IFNAR2 chains.^[1]

In addition to the JAK-STAT pathway, IFNs can activate several other signaling cascades. Both type I and type II IFNs activate a member of the CRK family of adaptor proteins called CRKL, a nuclear adaptor for STAT5 that also regulates signaling through the C3G/Rap1 pathway.^[2] Type I IFNs further activate *p38 mitogen-activated protein kinase* (MAP kinase) to induce gene transcription.^[2] The immune effects of interferons have been exploited to treat several diseases. Interferon beta-1a and interferon beta-1b are used to treat and control multiple sclerosis, an autoimmune disorder. This treatment is effective for slowing disease progression and activity in relapsing-remitting multiple sclerosis and reducing attacks in secondary progressive multiple sclerosis.^[3]

References

1. de Weerd NA, et al. (2007). *J Biol Chem* **282** (28): 20053–20057.
2. Platanias, L. C. (May 2005). *Nature reviews. Immunology* **5** (5): 375–386.
3. Paolicelli, D. (2009). *Biologics: Targets & Therapy* **3**: 369–376.

PRINCIPLE OF THE ASSAY

This kit is for quantification of IFN β in human. This is a shorter ELISA assay that reduces time to 50% compared to the conventional method, and the entire assay only takes 3 hours. This assay employs the quantitative sandwich enzyme immunoassay technique and uses biotin-streptavidin chemistry to improve the performance of the assays. An antibody specific for Human IFN β has been pre-coated onto a microplate. Standards and samples are pipetted into the wells and any IFN β present is bound by the immobilized antibody. After washing away any unbound substances, a detection antibody specific for Human IFN β is added to the wells. Following wash to remove any unbound antibody reagent, a detection reagent is added. After intensive wash a substrate solution is added to the wells and color develops in proportion to the amount of IFN β bound in the initial step. The color development is stopped and the intensity of the color is measured.

This package insert must be read in its entirety before using this product.

Storage

Store at 4°C. The kit can be used in 6 months.



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MATERIALS PROVIDED

Description	Quantity	Description	Quantity	Description	Quantity
Antibody Precoated Plate	1	20 x PBS	1	Substrate Solution	1
Detection Antibody	1	20 x Assay Buffer	1	Stop Solution	1
HRP Conjugate	1	96-well plate sheet	1	Datasheet/Manual	1
Standard	3				

Bring all reagents to room temperature before use.

Reagent Preparations

Human IFN β Detection Antibody (1 vial) – The lyophilized Detection Antibody should be stored at 4°C to -20°C in a manual defrost freezer for up to 6 months, if not used immediately. The vial contains sufficient Detection Antibody for a 96-well plate. Centrifuge 1 min at 6000 x g prior to open the vial. Add 200 μ L of sterile 1 x PBS, vortex 20 sec and allow it to sit for 5 min prior to use. Take the entire 200 μ L of detection antibody to 10.5 mL PBS to make **working dilution of Detection Antibody** if the entire 96-well plate is used. If the partial antibody is used store the rest at -20°C until use.

Human IFN β Standard (3 vials) – Each lyophilized Human IFN β Standard vial contains the standard sufficient for generating a standard curve. The non-reconstituted standard can be stored at 4°C ~ -20°C for up to 6 months if not used immediately. Centrifuge for 1 min at 6000 x g to bring down the material prior to open the vial. Add 500 μ L of 1 x Standard/Sample Diluent to a Standard vial to make the high standard concentration of 2,000 pg/ml. Vortex 20 sec and allow it to sit for 5 min prior to use. A seven-point standard curve is generated using 2-fold serial dilutions in the Standard/Sample Diluent, vortex 20 sec for each of dilution steps.

HRP Conjugate (55 μ L) – Centrifuge for 1 min at 6000 x g to bring down the material prior to open the vial. The vial contains sufficient HRP Conjugate for a 96-well plate. If the volume is less than 55 μ L, add sterile 1 x PBS to reach 55 μ L. Make 1:200 dilution in 1 x PBS. If an entire 96-well plate is used, add 53 μ L of HRP Conjugate to 10.5 mL of 1 x PBS to make **working dilution of HRP Conjugate** prior to the assay. The rest of undiluted HRP Conjugate can be stored at 2 - 8° C for up to 6 months. DO NOT FREEZE.

20 x PBS, pH 7.3, 25 mL- Dilute to 1 x PBS with deionized distilled water and mix well prior to use.

20 x Assay Buffer, 20 mL- Dilute to 1 x Assay Buffer with 1 x PBS prior to use.

Substrate Solution, 10.5 mL.

Stop Solution, 5.5 mL.

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Assay Procedure

1. All procedures are conducted at room temperature (20-25 °C) and ensure **equal pipetting/dispensing** at each step and remove air bubbles in the wells for all steps.
2. Lift the plate cover and cover the unused wells or reseal the unused strips in the aluminum bag with desiccant at 4 °C. **Vortex the standards and samples for 10 sec** before applying to the plate. Add 100 μ L of **sample** or **standard** per well and use duplicate wells for each standard or sample. Cover the 96-well plate and incubate on shaker at 450 rpm for **1 h** (2 h if no shaking). Attention: **MUST vortex standards and samples for 10 sec before pipetting to the wells!**
3. Aspirate each well and wash with 300 μ L of **1 x Assay Buffer** for two times. Wash by filling each well with 1 x Assay Buffer using a multi-channel pipette, manifold dispenser, squirt bottle or auto-washer. Complete removal of liquid at each step is essential for good performance. After the last wash, remove any remaining Assay Buffer by aspirating or by inverting the plate and blotting it against clean paper towels.
4. Add 100 μ L of the **working dilution of Detection Antibody** to each well. Cover the plate and incubate on shaker at 450rpm for 1 h (2 h if no shaking).
5. Repeat the aspiration/wash as in step 3.
6. Add 100 μ L of the **working dilution of HRP Conjugate** to each well. Cover the plate and incubate for 20 minutes. Avoid placing the plate in direct light.
7. Repeat the aspiration/wash as in step 3 but **wash 4 times** instead.
8. Add 100 μ L of **Substrate Solution** to each well and observe the color development every 1-2 mins. Incubate for up to **30 minutes (depending on signal. Stop** the reaction when it turns to dark blue in the highest standard wells). Over-incubation of the substrate will result in overflow of high standard and should be avoided. Avoid placing the plate in direct light.
9. When it gets to dark blue in the highest concentration of standard wells, add 50 μ L of **Stop Solution** to each well to stop the reaction. Gently tap the plate to ensure thorough mixing. **Ensure all wells turn yellow by pipette tip prior to measurement.**
10. Determine the optical density of each well immediately, using a validated microplate reader set to 450 nm. If wavelength correction is available, set to 540 nm or 570 nm. If wavelength correction is not available, subtract readings at 540 nm or 570 nm from the readings at 450 nm. This subtraction will correct for optical imperfections in the plate. Readings made directly at 450 nm without correction may be higher and less accurate.

Sample dilution: If high density is expected, samples should be diluted with equal volume of 1 x Assay Buffer and **vortex for 1 min** prior to assay. If the OD value still exceeds the upper limit of the standard curve, further dilution is recommended till it falls in the detection range and the dilution factor must be used for calculation of the concentration.

Precaution and Technical Notes

1. It is critical to follow the procedure step by step otherwise appropriate color development may not occur as expected and make sure no air bubbles in wells before adding reagents.
2. A standard curve should be generated for each set of samples assayed. Thorough mixing of standards at each of dilution steps is critical to acquire a normal standard curve and **vortex again (10 sec) before pipetting to the 96-well plate.**
3. HRP Conjugate contains enzyme, DO NOT mess up with Detection Antibody.
4. The Stop Solution is an acid solution, handle with caution.
5. This kit should not be used beyond the expiration date on the label.
6. A thorough and consistent wash technique is essential for proper assay performance.
7. Use a fresh reagent reservoir and pipette tips for each step.
8. It is recommended that all standards and samples be assayed in duplicate.
9. Avoid microbial contamination of reagents and buffers. This may interfere with the performance of the assay.

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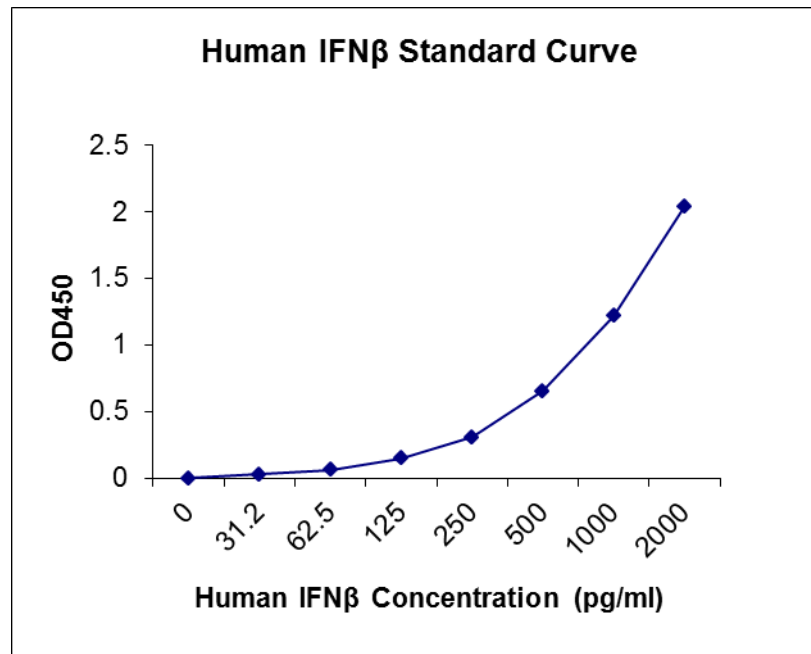
Calculation of Results

Average the duplicate readings for each standard, control, and sample and subtract the average zero (blank) standard optical density.

Create a standard curve by reducing the data using computer software capable of generating a four-parameter logistic (4-PL) curve-fit. As an alternative, construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis and draw a best fit curve through the points on the graph. The data may be linearized by plotting the log of the IFN β concentrations versus the log of the O.D. and the best fit line can be determined by regression analysis. This procedure will produce an adequate but less precise fit of the data. If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.

The Standard Curve

The graph below represents typical data generated when using this human IFN β ELISA Kit. The correlation coefficient (r^2) is 0.995-1.000. The standard curve should be calculated using a computer generated 4-PL curve-fit to determine concentrations of unknown specimens.





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Specificity

The following recombinant human proteins prepared at 10 ng/ml were tested and exhibited no cross-reactivity or interference.

BMP4, HGF, IFN γ , IL-1 beta, MMP-2, MMP-9, TGF β 1, TLR3, TNF- α , VEGF.

Calibration

This kit is calibrated against a recombinant human IFN β .

Detection Range

30-2000 pg/ml

Assay Sensitivity

5 pg/ml

Assay Precision

Intra-Assay %CV: 6; Inter-Assay %CV: 9

Related products

1. GR238016 50 ml Reagent Reservoir, 100/case, 5 packs/case (pack of 20)
2. GR238004 Tissue Culture 96-well Microplate, individually packed, Case of 50
3. GR238019 1.5 ml Microcentrifuge tube with screw cap and free-standing, pack of 500
4. GR238007 125 ml leak-resistant HDPE bottle, colorless, pack of 24
5. GR238002 Microplate 12x8-Well Strip High Binding, Case of 50
6. GR238003 Microplate 12x8-Well Strip Medium Binding, Case of 50
7. GR238032 42592 Costar Stripwell Microplate 1 x 8 Flat Bottom, High Binding, Case of 100
8. GR238001 468667 Thermo Microplate 12x8-Well Strip Nunc Maxisorp F8, Case of 60
9. GR238031 96-well microplate sealer plastic, pack of 100

DECLARATION

THIS REAGENT IS FOR IN VITRO LABORATORY TESTING AND RESEARCH USE ONLY. DO NOT USE IT FOR CLINICAL DIAGNOSTICS. DO NOT USE OR INJECT IT IN HUMANS AND ANIMALS.

**FOR LABORATORY RESEARCH USE ONLY
NOT FOR USE IN HUMANS AND ANIMALS**

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Troubleshooting Guide

Problem	Possible causes	Solution
Poor standard curve	<ul style="list-style-type: none"> • Inaccurate pipetting • Insufficient vortexing • OD₄₅₀ too high for the high standard point • Air bubbles in wells. • Standard defect or not fully recovered 	<ul style="list-style-type: none"> • Check pipette calibration and ensure equal dispensing. • Vortex 30 sec for each of standard dilution steps and vortex again (10 sec) before pipetting to the 96-well plate. • Reduce substrate incubation time • Remove air bubbles in wells by pipette tip. • Change a standard vial or spin down the vial before reconstitution
Low signal	<ul style="list-style-type: none"> • Improper preparation of reagents and storage • Too brief incubation times • Inadequate reagent volume or improper dilution • Standard defect and sample overdiluted 	<ul style="list-style-type: none"> • Briefly spin down vials before opening. Reconstitute the content thoroughly. Proper storage of plate and strip and detection antibody after first usage as shown in the datasheet. Microplate shaker may improve signals. • Ensure sufficient incubation time including substrate incubation. Increase sample incubation to 2 hours. • Change a Standard vial. Undilute sample or less dilution
Overflow in the standards	<ul style="list-style-type: none"> • Substrate incubation too long • Air bubbles in wells 	<ul style="list-style-type: none"> • Observe the color development every 1-2 mins and reduce substrate incubation time. • Stop the reaction by adding 50 μl of Stop Solution when it turns to dark blue in the highest concentration of standard wells. • Remove air bubbles in wells
Large CV	<ul style="list-style-type: none"> • Inaccurate pipetting and mixing • Improper standard/sample dilutions. • Air bubbles in wells. • Microplate reader out of calibration • It did not turn yellow after adding Stop Solution 	<ul style="list-style-type: none"> • Check pipettes and ensure the pipette is calibrated properly. • Ensure accurate pipetting and thorough mixing. • Use reverse, instead of forward pipetting. • Use the correct dilution buffers • Remove air bubbles in wells by pipette tip. • Calibrate the microplate reader properly • If it did not turn yellow after adding Stop Solution, mix with pipette tip till it turns yellow prior to measurement.
High background	<ul style="list-style-type: none"> • Reagent reservoir issue • Plate is insufficiently washed and air bubbles in wells. • Contaminated Assay Buffer • Pipet tip contaminated 	<ul style="list-style-type: none"> • Use a new reagent reservoir for Substrate Solution. • Increase wash to 4 times before adding substrate and ensure plate washer functions normally. Remove air bubbles in wells by pipette tip. Use squirt bottle for washing. • Make fresh Assay Buffer and wash thoroughly. • Use new pipette tips for blank wells.
No signal detected	<ul style="list-style-type: none"> • The procedure was misconducted. • Failures of spin down the contents in Detection Antibody and Standards. • Failure of Substrate or HRP • Samples overdiluted 	<ul style="list-style-type: none"> • Ensure the step-by-step protocol. Spin vials of Detection antibody and Standard to completely recover the content. • Mix 100 μl of Substrate with 0.5 μl HRP and dark blue color should develop in 5 min. • Try a new standard vial and use positive control. • Try not dilute samples
Low sensitivity	<ul style="list-style-type: none"> • Improper dilutions of standards • Improper storage of the ELISA kit 	<ul style="list-style-type: none"> • Ensure accurate and thorough dilutions of standards at each step. • Store detection antibody at -20°C after reconstitution and others at 4°C. Keep substrate solution protected from light.