

## AuthentiKine ®

## Human IL-23 Sandwich ELISA Kit Datasheet

Please read it entirely before use

Catalogue Number: KE00192

Size: 96T

Sensitivity: 0.15 pg/mL Range: 15.6-1000 pg/mL

**Usage:** For the quantitative detection of human IL-23 concentrations in serum, plasma and cell culture supernatant.

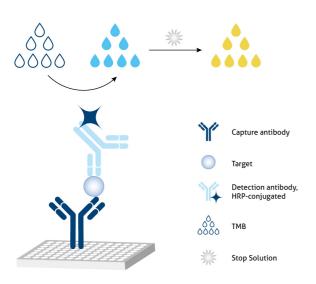
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#### 1. Background

Interleukin 23 (IL-23) is a member of the IL-12 cytokine family and composed of two subunits, IL-12 p40 and IL-23 p19. It is produced by antigen presenting cells and has been shown to promote the production and survival of a distinct lineage of T-cells called Th17 cells. A functional receptor for IL-23 (the IL-23 receptor) has been identified and is composed of IL-12Rβ1 and IL-23R. IL-23 is expressed chiefly by the macrophages and DCs. The IL-23R is found on memory T cells, NKT cells, macrophages, DCs, and naive T cells upon activation by TGF-β and IL-6. The main biological effects of IL-23 identified initially consist of stimulation of antigen presentation by DCs, T cell differentiation to Th17 cells, and production of interferon-γ (IFN-γ). IL-23 acts also as an end-stage effector cytokine through direct action on macrophages. This kit can be used to determine relative mass values for IL-23 p40.

#### 2. Principle



# Sandwich ELISA structure (Detection antibody labeled with HRP)

A capture antibody is pre-coated onto the bottom of wells which binds to analyte of interest. A detection antibody labeled with HRP also binds to the analyte. TMB acts as the HRP substrate and the solution color will change from colorless to blue. A stop solution containing sulfuric acid turns solution yellow. The color intensity is proportional to the quantity of bound protein which is measurable at 450 nm with the correction wavelength set at 630 nm.

## 3. Required Materials

- 3.1 A microplate reader capable of measuring absorbance at 450 nm with the correction wavelength set at 630 nm.
- 3.2 Calibrated, adjustable precision pipettes and disposable plastic tips. A manifold multi-channel pipette is recommended for large assays.
- 3.3 Plate washer: automated or manual.
- 3.4 Absorbent paper towels.
- 3.5 Glass or plastic tubes to prepare standard and sample dilutions.
- 3.6 Beakers and graduated cylinders.
- 3.7 Log-log or semi-log graph paper or computer and software for ELISA data analysis. A four-parameter logistic (4-PL) curve-fit is recommended.

#### 4. Kit Components and Storage

Microplate - antibody coated 96 - well Microplate (8 well × 12 strips)		Unopened Kit:
Protein standard - 2000 pg/bottle; lyophilized	2 bottles	·
Detection antibody, HRP-conjugated (100×) - 120 µL/vial*	1 vial	Store at 2-8°C for 6 months or -
Sample Diluent PT 4B1 - 30 mL/bottle. For human serum and plasma samples	nples	
Sample Diluent PT 1-ef - 30 mL/bottle. For cell culture supernatant		Opened Kit:
Detection Diluent - 30 mL/bottle		All reagents stored at 2-8°C for
Wash Buffer Concentrate (20×) - 30 mL/bottle		7 days.
Tetramethylbenzidine Substrate (TMB) - 12 mL/bottle		Please use a new standard
Stop Solution - 12 mL/bottle		for each assay.
Plate Cover Seals	4 pieces	Tor Each assay.

<sup>\*</sup> Centrifugation immediately before use

#### 5. Safety Notes

- 5.1 Avoid any skin and eye contact with Stop Solution and TMB. In case of contact, wash thoroughly with water.
- 5.2 Do not use the kit after the expiration date.
- 5.3 Do not mix or substitute reagents or materials from other kit lots or other sources.
- 5.4 Be sure to wear protective equipment such as gloves, masks and goggles during the experiment.
- 5.5 When using an automated plate washer, adding a 30 second soak period following the addition of Wash Buffer to improve assay precision

### 6. Sample Collection and Storage

- 6.1 Serum: Allow blood samples to clot for 30 minutes, followed by centrifugation for 15 minutes at 1000xg. Clear serum can be assayed immediately or aliquoted and stored at -20°C. Avoid repeated freeze-thaw cycles.
- 6.2 Plasma: Use EDTA, heparin, or citrate as an anticoagulant for plasma collection. Centrifuge for 15 minutes at 1000xg within 30 minutes of collection. The plasma can be assayed immediately or aliquoted and stored at -20°C. Avoid repeated freeze-thaw cycles.
- 6.3 Cell Culture Supernatant: Remove particulates by centrifugation for 5 minutes at 500 $\times$ g and assay immediately or aliquot and store samples at  $\leq$  -20 $^{\circ}$ C. Avoid repeated freeze-thaw cycles.

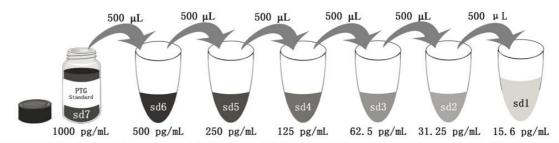
#### 7. Regent Preparation

- **7.1 Wash Buffer (1X):** If crystals have formed in the concentrate, warm to room temperature and mix gently until the crystals have completely dissolved. Add 30 mL of Wash Buffer Concentrate(20X) to 570 mL deionized or distilled water to prepare 1X Wash Buffer.
- 7.2 Detection Antibody, HRP-conjugated (1X): Dilute 100X Detection Antibody, HRP-conjugated 1:100 using Detection Diluent prior to assay. Suggested 1:100 dilution: 10 µL 100X Detection Antibody, HRP-conjugated + 990 µL Detection Diluent (Centrifuge the 100 X Detection Antibody solution, HRP-conjugated for a few seconds prior to use)
- **7.3 Sample Dilution:** Different samples should be diluted with corresponding Sample Diluent, samples may require further dilution if the readout values are higher than the highest standard OD reading. Variations in sample collection, processing and storage may affect the results of the measurement.

Recommended Dilution for different sample types: 1:2 or 1:4 is recommended for human serum and plasma; 1:2 or 1:4 is recommended for cell culture supernatant.

#### 7.4 Standard Serial Dilution:

For human serum and plasma samples, add 2 mL Sample Diluent PT 4B1 in protein standard; For cell culture supernatant, add 2 mL Sample Diluent PT 1-ef in protein standard.



Add # µL of Standard diluted in the previous step	_	500 μL					
# μL of Sample Diluent PT 4B1 or PT 1-ef	2000 μL	500 μL					
	"sd7"	"sd6"	"sd5"	"sd4"	"sd3"	"sd2"	"sd1"

#### 8. Assay Procedure Summary

Bring all reagents to room temperature before use (Detection antibody, HRP-conjugated can be used immediately). To avoid cross-contamination, change pipette tips between additions of each standard level, between sample additions, and between reagent additions. Also, use separate reservoirs for each reagent.

- 8.1 Take out the required number of microplate strips and return excess strips to the foil pouch containing the drying reagent pack and reseal; store at 4°C immediately. Microplate strips should be used in one week.
- 8.2 Preset the layout of the microplate, including control group, standard group and sample group, add 100 µL of each standard and sample to the appropriate wells. (Make sure sample addition is uninterrupted and completed within 5 to 10 minutes, It is recommended to assay all standards, controls, and samples in duplicate).
- 8.3 Seal plate with cover seal, pressing it firmly onto top of microwells. Incubate the plate for 2 hours at 37°C. 8.4 Wash
- 1) Gently remove the cover seal. Discard the liquid from wells by aspirating or decanting. Remove any residual solution by tapping the plate a few times on fresh paper towels.
- 2) Wash 4 times with 1X Wash Buffer, using at least 350-400 µL per well. Following the last wash, firmly tap plates on fresh towels 10 times to remove residual Wash Buffer. Avoid getting any towel fibers in the wells or wells drying out completely.

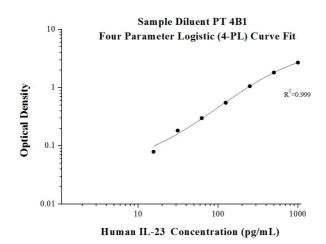
  8.5 Add 100 µL of 1X Detection antibody, HRP-conjugated solution (refer to Reagent Preparation 7.2) to each well. Seal plate with cover seal and incubate for 1 hour at 37°C.
- 8.6 Repeat wash step in 8.4.
- 8.7 Signal development: Add 100  $\mu$ L of TMB substrate solution to each well, protected from light. Incubate for 15 to 20 minutes. Substrate Solution should remain colorless until added to the plate.
- 8.8 Quenching color development: Add 100  $\mu$ L of Stop Solution to each well in the same order as addition of the TMB substrate. Mix by tapping the side of the plate gently. NB: Avoid skin and eye contact with the Stop solution.
- 8.9 Read results: Immediately after adding Stop solution read the absorbance on a microplate reader at a wavelength of 450 nm. If possible, perform a double wavelength readout (450 nm and 630 nm).
- 8.10 Data analysis: Calculate the average of the duplicate readings (OD value) for each standard and sample, and subtract the average of the zero standard absorbance. Construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis, use four-parameter logistic curve- fit (4-PL) analysis to do this. If the samples have been diluted, the OD readout from the standard curve must be multiplied by the dilution factor used.

Step	Reagent	Volume	Incubation	Wash	Notes	
1	Standard and Samples	100 µL	120 min	4 times	Cover Wells incubate at 37°C	
2	Diluent Detection antibody, HRP-conjugated Solution	100 µL	60 min	4 times	Cover Wells incubate at 37°C	
3	TMB Substrate	100 µL	15-20 min	Do not wash	Incubate in the dark at 37°C	
4	Stop Solution 100 µL 0 min Do not wash -					
5	Read plate at 450 nm and 630 nm immediately after adding Stop solution. DO NOT exceed 5 minutes.					

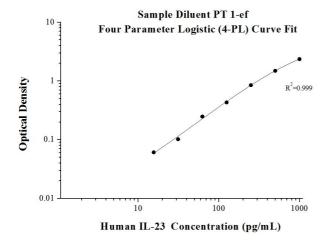
#### 9. Validation Data

#### 9.1 Standard curve

These standard curves are provided for demonstration only. A standard curve should be generated for each set of samples assayed.



(pg/mL)	O.D	Average	Corrected
0	0.074 0.072	0.073	-
15.6	0.153 0.15	0.152	0.079
31.25	0.28 0.232	0.256	0.183
62.5	0.369 0.374	0.372	0.299
125	0.601 0.645	0.623	0.55
250	1.141 1.121	1.131	1.058
500	1.839 1.93	1.885	1.812
1000	2.737 2.787	2.762	2.689



(pg/mL)	O.D	Average	Corrected
0	0.104 0.095	0.1	1
15.6	0.16 0.161	0.161	0.061
31.25	0.215 0.189	0.202	0.102
62.5	0.365 0.333	0.349	0.249
125	0.525 0.538	0.532	0.432
250	1.014 0.886	0.95	0.85
500	1.662 1.522	1.592	1.492
1000	2.576 2.344	2.460	2.361

#### 9.2 Precision

**Intra-assay Precision** (Precision within an assay) Three samples of known concentration were tested 20 times on one plate to assess intra-assay precision.

**Inter-assay Precision** (Precision between assays) Three samples of known concentration were tested in 24 separate assays to assess inter-assay precision.

	Intra-assay Precision					
Sample	n	Mean (pg/mL)	SD	CV%		
1	20	283.2	19.6	6.9		
2	20	603.3	53.3	8.8		
3	20	1,065.1	39.4	3.7		

Inter-assay Precision					
Sample	n	Mean (pg/mL)	SD	CV%	
1	24	287.7	26.9	9.3	
2	24	580.1	48.6	8.4	
3	24	1,059.3	76.0	7.2	

#### 9.3 Recovery

The recovery of human IL-23 spiked to three different levels throughout the range of the assay in various matrices was evaluated.

Sample Type		Average% of Expected	Range (%)
Human corum	1:2	95	74-122
Human serum	1:4	99	80-119
Coll culture cupernatant	1:2	117	110-124
Cell culture supernatant	1:4	88	88-115

## 9.4 Sample values

Human serum samples were evaluated for human IL-23 in this assay.

Sample Type	Mean(pg/mL)	Range (pg/mL)
Human serum (n=24)	396.3	137-1,405.0

Human peripheral blood mononuclear cells (1 x  $10^6$  cells/mL) were cultured in RPMI supplemented with 10% FBS, 2 mM L-glutamine, 100 U/mL penicillin, 100  $\mu$ g/mL of streptomycin sulfate, and 25 ng/mL of human GM-CSF (proteintech. Catalog: HZ-1002). After seven days, cells were stimulated with 50 ng/mL of LPS for an additional 48 hours. An aliquot of the cell culture supernate was removed, assayed for human IL-23.

Condition	(pg/mL)
Unstimulated for 9d	2,310.9
Stimulated for 9d	1,553.5

## 9.5 Sensitivity

The minimum detectable dose of human IL-23 is 0.15 pg/mL. This was determined by adding two standard deviations to the concentration corresponding to the mean 0.D. of 20 zero standard replicates.

## 9.6 Linearity

To assess the linearity of the assay, samples were diluted with the appropriate **Sample Diluent** to produce samples with values within the dynamic range of the assay.

		Human serum (PT 4B1)	Cell culture supernatant (PT 1-ef)
1.7	Average% of Expected	100	100
1:2	Range (%)	-	-
4.7	Average% of Expected	121	96
1:4	Range (%)	118-125	89-108
1.0	Average% of Expected	112	97
1:8	Range (%)	102-126	88-101
1.16	Average% of Expected	122	98
1:16	Range (%)	116-126	92-106

#### 10. References

- 1. Kleinschek MA. et al. (2006). J Immunol. 176: 1098-106.
- 2. Langrish CL. et al.(2005). J Exp Med. 201:233-40.
- 3. Parham C. et al.(2002). Journal of Immunology. 168 (11): 5699-708.
- 4. Cua DJ. et al. (2003). Nature.421: 744-8.