

## Human Albumin Sandwich ELISA Kit Datasheet

Please read it entirely before use

**Catalogue Number:** KE00076

**Size:** 96T

**Sensitivity:** 12.0 ng/mL

**Range:** 50-3200 ng/mL

**Usage:** For the quantitative detection of human Albumin concentrations in serum, plasma, urine, saliva, human milk and CSF.

This product is for research use only and not for use in human or animal therapeutic or diagnostic.

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## 1. Background

Albumin is the most abundant protein in blood plasma. It is produced by well-differentiated hepatocytes, and plays an important role in maintaining osmotic pressure. The normal range of albumin in plasma is 3.4-5.4 grams per deciliter (g/dL). Decreased levels of serum albumin may be a sign of kidney diseases or liver diseases (like hepatitis and cirrhosis). In addition, glycated serum albumin is also a potential diabetes biomarker. This kit is used to quantify the albumin level.

## 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)	1 plate	<b>Unopened Kit:</b> Store at 2-8°C for 6 months or -20°C for 12 months. <b>Opened Kit:</b> All reagents stored at 2-8°C for 7 days. <b>Please use a new standard for each assay.</b>
Protein standard - 12800 ng/bottle; lyophilized	2 bottles	
Detection antibody, HRP-conjugated (100×) - 120 µL/vial*	1 vial	
Sample Diluent PT 5-ef - 30 mL/bottle	2 bottles	
Detection Diluent - 30 mL/bottle	1 bottle	
Wash Buffer Concentrate (20×) - 30 mL/bottle	1 bottle	
Tetramethylbenzidine Substrate (TMB) - 12 mL/bottle	1 bottle	
Stop Solution - 12 mL/bottle	1 bottle	
Plate Cover Seals	4 pieces	

\* 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 Urine: Collect urine samples and centrifuge for 20 minutes at 1000xg. Collect the aqueous layer, assay immediately or aliquot and store samples at ≤ -20°C. Avoid repeated freeze-thaw cycles.
- 6.4 Saliva: Collect saliva samples and centrifuge for 5 minutes at 10,000xg. Collect the aqueous layer, assay immediately or aliquot and store samples at ≤ -20°C. Avoid repeated freeze-thaw cycles.
- 6.5 Human Milk: Collect milk samples and Centrifuge for 15 minutes at 1000xg at 2-8°C. Collect the aqueous fraction and repeat this process a total of 3 times. Assay immediately.
- 6.6 Human Cerebrospinal Fluid (CSF): Collect CSF samples in a tube and centrifuge for 15 minutes at 1000xg. Collect the aqueous layer, assay immediately or aliquot and store samples at ≤ -20°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.

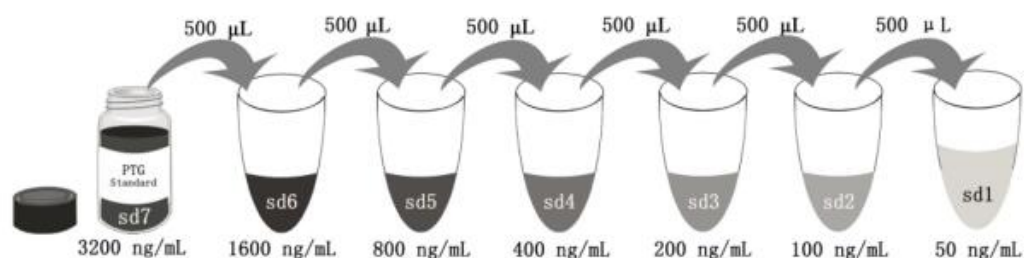
**7.2 Detection Antibody, HRP-conjugated (1X):** Dilute 100X Detection Antibody, HRP-conjugated 1:100 using Detection Diluent prior to assay. Suggested 1:100 dilution: 10  $\mu$ L 100X Detection Antibody, HRP-conjugated + 990  $\mu$ L Detection Diluent (Centrifuge the 100 X Detection Antibody solution, 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: 1:50,000 is recommended for human serum and plasma; undiluted or 1:2 is recommended for urine; 1:100 or 1:200 is recommended for saliva; 1:200 or 1:400 is recommended for human milk; 1:20 or 1:40 is recommended for CSF.

### 7.4 Standard Serial Dilution:

Add 4 mL Sample Diluent PT 5-ef in protein standard.



Add # $\mu$ L of Standard diluted in the previous step	—	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L
# $\mu$ L of Sample Diluent PT 5-ef	4000 $\mu$ L	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L	500 $\mu$ L
	"sd 7"	"sd6"	"sd5"	"sd4"	"sd3"	"sd 2"	"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 60 minutes 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 30 minutes at 37°C.

8.6 Repeat wash step in 8.4.

8.7 Signal development: Add 100 µL 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 µL 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).

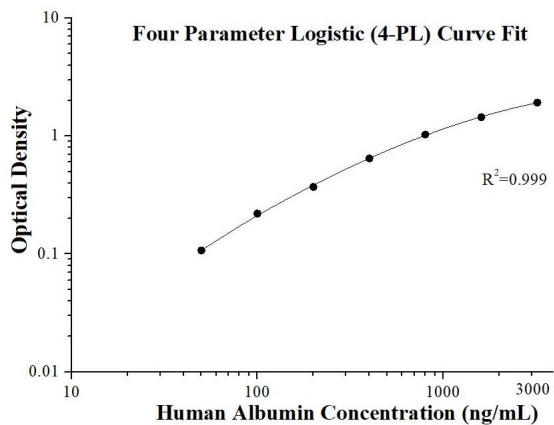
8.10 Data analysis: Calculate the average of the duplicate readings (OD value) for each standard and sample, and subtract the average of the zero standard absorbance. Construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis, use 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	60 min	4 times	Cover Wells incubate at 37°C
2	Diluent Detection antibody, HRP-conjugated Solution	100 µL	30 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.



(ng/mL)	O.D	Average	Corrected
0	0.044 0.043	0.044	—
50	0.143 0.159	0.151	0.108
100	0.262 0.266	0.264	0.220
200	0.411 0.416	0.414	0.370
400	0.69 0.689	0.690	0.646
800	1.069 1.077	1.073	1.029
1600	1.505 1.476	1.491	1.447
3200	1.975 1.957	1.966	1.922

### 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 (ng/mL)	SD	CV%
1	20	280.0	10.4	3.7
2	20	1,286.8	96.8	7.5
3	20	2,322.0	157.0	6.6

Inter-assay Precision				
Sample	n	Mean (ng/mL)	SD	CV%
1	24	288.0	16.0	5.6
2	24	1,170.8	99.2	8.5
3	24	2,265.6	219.2	9.7

## 9.3 Recovery

The recovery of human Albumin spiked to three different levels throughout the range of the assay in human samples were evaluated.

Sample Type		Average% of Expected	Range (%)
Human plasma	1:100,000	85	76-96
	1:200,000	84	78-95
Urine	1:2	105	93-109
	1:4	95	93-97
Saliva	1:200	73	62-80
Human milk	1:2,000	72	62-81
	1:4,000	81	73-86

## 9.4 Sample values

Sample Type	Sample 1	Sample 2	Sample 3	Sample 4
Human serum	11.4 mg/mL	21.6 mg/mL	37.6 mg/mL	48 mg/mL
Urine	928 ng/mL	1,040 ng/mL	560 ng/mL	1,616 ng/mL
Saliva	32 ug/mL	18.6 ug/mL	-	-
Human milk	106 ug/mL	116 ug/mL	-	-
CSF	29.5 ug/mL	-	-	-

## 9.5 Sensitivity

The minimum detectable dose of human Albumin is 12.0 ng/mL. This was determined by adding two standard deviations to the concentration corresponding to the mean O.D. of 20 zero standard replicates.



## 9.6 Linearity

To assess the linearity of the assay, samples were diluted with the appropriate **Sample Diluent PT 5-ef** to produce samples with values within the dynamic range of the assay.

(The human plasma and serum samples were initially diluted 1:50,000, saliva was initially diluted 1:50, human milk was initially diluted 1:100)

		Human plasma	Human serum	Urine	Saliva	Human milk
1:2	Average% of Expected	69	60	100	74	83
	Range (%)	65-73	59-61	99-101	62-86	69-107
1:4	Average% of Expected	91	75	87	89	89
	Range (%)	90-92	69-81	79-96	76-102	69-109
1:8	Average% of Expected	109	100	83	98	99
	Range (%)	106-111	99-101	88-95	98-99	79-100
1:16	Average% of Expected	100	-	99	100	100
	Range (%)	99-101	-	88-102	99-101	99-101

## 9.7 Calibration

This immunoassay is calibrated against **National Standard for human albumin (Lot: 280023-201501)** from **China National Institutes for Food and Drug Control**.

## 9.8 Specificity

This assay recognizes natural and recombinant human Albumin.

The following factors prepared at 1.6 ug/mL were assayed and exhibited no cross-reactivity or interference.

Recombinant human:

Pre-Albumin

$\alpha$ -Fetoprotein

A sample containing 1.6 ug/mL of the recombinant human Parvalbumin reads as 19.69 ng/mL (1.23% cross-reactivity).

## 10. References

1. Menon V., et al. C-reactive protein and albumin as predictors of all-cause and cardiovascular mortality in chronic kidney disease. *Kidney Int.* 68: 766-72 (2005).
2. Hoefs JC., et al. Serum protein concentration and portal pressure determine the ascitic fluid protein concentration in patients with chronic liver disease. *J Lab Clin Med.* 102:260-73. 121: 3367-74 (1983).