

Human HE4/WFDC2 Sandwich ELISA Kit Datasheet

Please read it entirely before use

Catalogue Number: KE00265 Size: 96T Sensitivity: 2.8 pg/mL Range: 46.88-3000 pg/mL Usage: For the quantitative detection of human HE4/WFDC2 concentrations in serum, plasma, urine and saliva.

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

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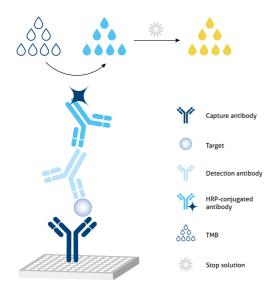
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1. Background

Human epididymis protein 4 (HE4), also known as WFDC2, was originally identified as a transcript exclusively expressed in the epididymis and was proposed as a specific marker for this tissue. HE4 is a member of the Whey Acidic Protein (WAP) domain family of proteins. HE4 is expressed in a number of normal human tissues outside of the male reproductive system, including the trachea, lung and nasal epithelium and is also found in a subset of pulmonary epithelial-derived tumour cell lines. At present, HE4 serves as a serum biomarker of ovarian cancer, and has better sensitivity and specificity than CA125.

2. Principle



Sandwich ELISA structure (HRP conjugated secondary antibody)

A capture antibody is pre-coated onto the bottom of wells which binds to analyte of interest. A detection antibody also binds to the analyte. Horseradish peroxidase (HRP)-conjugated secondary antibody binds to the detection antibody. 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	Unopened Kit:	
Protein standard - 6000 pg/bottle; lyophilized	2 bottles		
Detection Antibody (100×) - 120 µL/vial*	1 vial	Store at 2-8°C for 6 months or -	
HRP-conjugated antibody (100×) - 120 µL/vial*	1 vial	20°C for 12 months.	
Sample Diluent PT 4 - 30 mL/bottle	2 bottles	Opened Kit:	
Detection Diluent - 30 mL/bottle	1 bottle	All reagents stored at 2-8°C for	
Wash Buffer Concentrate (20×) - 30 mL/bottle	1 bottle	5	
Tetramethylbenzidine Substrate (TMB) - 12 mL/bottle		7 days.	
Stop Solution - 12 mL/bottle		Please use a new standard	
Plate Cover Seals	4 pieces	for each assay.	

* 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 \leq -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 \leq -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 (1X): Dilute 100X Detection Antibody 1:100 using Detection Diluent prior to assay. Suggested 1:100 dilution: 10 µL 100X Detection Antibody + 990 µL Detection Diluent (Centrifuge the 100 X Detection Antibody solution for a few seconds prior to use).

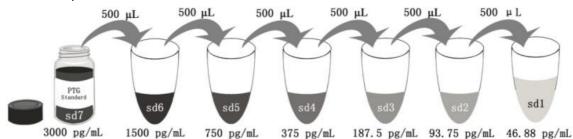
7.3 HRP-conjugated antibody (1X): Dilute 100X HRP-conjugated antibody 1:100 using Detection Diluent prior to assay. Suggested 1:100 dilution: 10 µL 100X HRP-conjugated antibody + 990 µL Detection Diluent (Centrifuge the 100X HRP-conjugated antibody solution for a few seconds prior to use).

7.4 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: 1:16 dilution is recommended for human serum and plasma, 1:1000 or 1:2000 dilution is recommended for saliva, 1:500 or 1:1000 dilution is recommended for urine.

7.5 Standard Serial Dilution:

Add 2 mL Sample Diluent PT 4 in protein standard.



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

8. Assay Procedure Summary

Bring all reagents to room temperature before use (Detection antibody and HRP-conjugated antibody 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 solution (refer to Reagent Preparation7.2) 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 Add 100 μL of 1X HRP-conjugated antibody solution (refer to Reagent Preparation 7.3) to each well. Seal plate with cover seal and incubate the plate for 40 minutes at 37°C.

8.8 Repeat wash step in 8.4.

8.9 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.

8.10 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.

8.11 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).

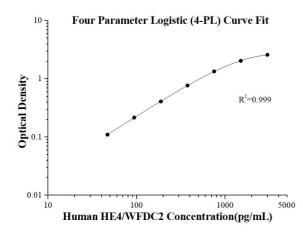
8.12 Data analysis: Calculate the average of the duplicate readings (OD value) for each standard and sample, and subtract the average of the zero standard absorbance. Construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis, use 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 Antibody Solution	100 µL	60 min	4 times	Cover Wells incubate at 37°C		
3	Diluent HRP Solution	100 µL	40 min	4 times	Cover Wells incubate at 37°C		
4	TMB Substrate	100 µL	15-20 min	Do not wash	Incubate in the dark at 37°C		
5	Stop Solution	100 µL	0 min	Do not wash	-		
6	6 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)	0.D	Average	Corrected
0	0.088 0.093	0.0905	-
46.88	0.201 0.201	0.201	0.1105
93.75	0.314 0.3	0.307	0.2165
187.5	0.507 0.493	0.5	0.4095
375	0.87 0.855	0.8625	0.772
750	1.464 1.415	1.4395	1.349
1500	2.164 2.117	2.1405	2.05
3000	2.682 2.696	2.689	2.5985

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					Inter-assay Precision		
Sample	n	Mean (pg/mL)	SD	CV%	Sample	n	Mean (pg/mL)	SD	CV%
1	20	2,903.8	91.5	3.1	1	24	2,776.2	150.1	5.4
2	20	725.5	21.0	2.9	2	24	685.3	22.5	3.3
3	20	177.1	4.5	2.5	3	24	172.6	16.8	9.7

9.3 Recovery

The recovery of human HE4/WFDC2 spiked to three different levels throughout the range of the assay in various matrices was evaluated.

Sample Type		Average% of Expected	Range (%)	
	1:16	97	88-114	
Human plasma	1:32	101	80-120	
Urino	1:2000		89-128	
Urine	1:4000	89	80-106	
Saliva	1:2000	96	88-106	
Jaliva	1:4000	90	77-106	

9.4 Sample values

Serum/plasma -samples from healthy volunteers were evaluated for human HE4/WFDC2 in this assay. No medical histories were available for the donors used in this study.

Sample Type	Mean (pg/mL)	Range (pg/mL)
Human serum (n=9)	3,351. 8	745.9-7,657.3
Human plasma (n=7)	5,203.6	2,554.7-9,519.6

Saliva/urine-samples from healthy volunteers were evaluated for human HE4/WFDC2 in this assay. No medical histories were

available for the donors used in this study.

Sample Type	Mean (ng/mL)	Range (ng/mL)
Urine (n=7)	532.0	292.0-767.3
Saliva (n=7)	811.1	274.2-1,406.1

9.5 Sensitivity

The minimum detectable dose of human HE4/WFDC2 is 2.8 pg/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, human plasma, saliva and urine were diluted with the appropriate **Sample Diluent** to produce samples with values within the dynamic range of the assay.(The human plasma samples were initially diluted 1:8, human urine samples were initially diluted 1:250, human saliva samples were initially diluted 1:500)

		Human plasma	Urine	Saliva
1:2	Average% of Expected	100	100	100
1.2	Range (%)	-	-	-
1:4	Average% of Expected	105	114	103
1.4	Range (%)	103-108	108-121	99-109
1:8	Average% of Expected	114	122	103
1.0	Range (%)	114-114	115-129	93-120
1:16	Average% of Expected	109	119	102
1.10	Range (%)	106-111	118-120	89-122

10. References

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- 3. Huiyu Zhuang. et al. (2014) Mol Cancer. 13:243.
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