

Human MPO Sandwich ELISA Kit Datasheet

Please read it entirely before use

Catalogue Number: KE00353

Size: 96T

Sensitivity: 10.1 pg/mL

Range: 39-2500 pg/mL

Usage: For the quantitative detection of human MPO concentrations in serum, plasma, cell culture supernatant, urine, saliva and cell lysate.

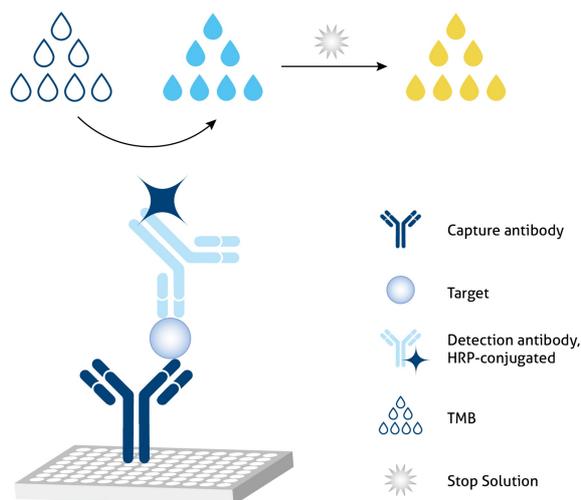
This product is for research use only and not for use in human or animal therapeutic or diagnostic.

Table of content	page
1. Background	3
2. Principle	3
3. Required Materials	3
4. Kit Components and Storage	4
5. Safety Notes	4
6. Sample Collection and Storage	5
7. Regent Preparation	6
8. Assay Procedure Summary	7
9. Validation Data	8
9.1 Standard curve	8
9.2 Precision	8
9.3 Recovery	9
9.4 Sample values	10
9.5 Sensitivity	10
9.6 Linearity	11
9.7 Specificity	11
10. References	12

1. Background

MPO(myeloperoxidase) is a peroxidase enzyme presented in the azurophilic granules of polymorphonuclear (PMN) leukocytes and monocytes. Plasma concentration of MPO can be used as a specific marker of PMN activation. MPO catalyzes the production of hypochlorous acid (HClO) from hydrogen peroxide (H₂O₂) and chloride anion (Cl⁻, or the equivalent from a non-chlorine halide). This enzymatic system plays an important role in human defense against microorganisms. The serum/plasma MPO levels have been associated with a variety of clinical conditions including inflammatory diseases, atherosclerosis, ischaemic stroke, hypertension, heart failure, risk of cardiovascular events and so on.

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	Unopened Kit: Store at 2-8°C for 6 months or -20°C for 12 months. Opened Kit: All reagents stored at 2-8°C for 7 days. Please use a new standard for each assay.
Protein standard - 5000 pg/bottle; lyophilized	2 bottles	
Detection antibody, HRP-conjugated (100×) - 120 µL/vial*	1 vial	
Sample Diluent PT 4B1 - 30 mL/bottle	3 bottles	
Detection Diluent - 30 mL/bottle	1 bottle	
Wash Buffer Concentrate (20×) - 30 mL/bottle	1 bottle	
Extraction Reagent - 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 Cell Culture Supernatant: Remove particulates by centrifugation for 5 minutes at 500xg and assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles.

6.4 Urine: Collect urine samples and centrifuge for 20 minutes at 1000xg. Collect the aqueous layer, assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles.

6.5 Saliva: Collect saliva samples and centrifuge for 5 minutes at 10,000xg. Collect the aqueous layer, assay immediately or aliquot and store samples at $\leq -20^{\circ}\text{C}$. Avoid repeated freeze-thaw cycles.

6.6 Cell Lysate:

- 1) Collect cells and wash by centrifuging at 500 x g for 5 minutes before resuspension in pre-cooled PBS buffer. Perform this step three times.
- 2) Count cells and then discard the supernatant.
- 3) Add protease inhibitor cocktail to the Extraction Reagent to a final concentration immediately prior to performing cell lysis.
- 4) Add 1 mL of Extraction reagent (containing protease inhibitor cocktail) Per 1×10^7 cells, Incubate cell suspension on ice for 30 minutes, use ultrasound to treat the samples.
- 5) Centrifuge cell lysate at 10,000 x g for 5 minutes at 4°C.
- 6) Measure the concentration of total protein in cell lysate using BCA assay. Where possible, keep samples on ice to avoid protein degradation.

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.

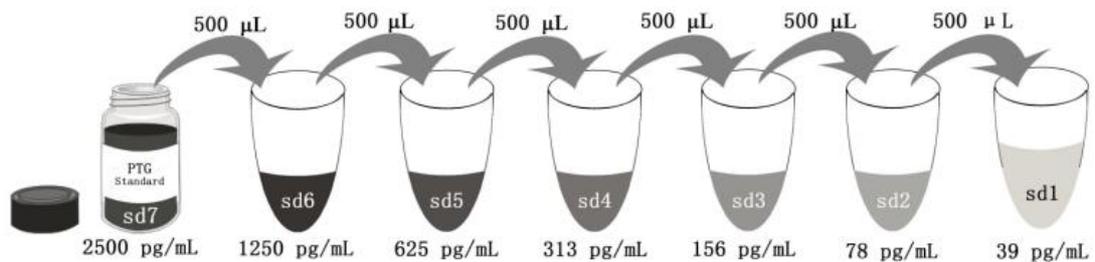
7.2 Detection Antibody, HRP-conjugated(1X): Dilute 100X Detection Antibody, HRP-conjugated 1:100 using Detection Diluent prior to assay. Suggested 1:100 dilution: 10 μ L 100X Detection Antibody, HRP-conjugated + 990 μ L Detection Diluent (Centrifuge the 100 X Detection Antibody solution, HRP-conjugated 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: 1:200 or 1:400 is recommended for human serum and plasma; 1:40 or 1:80 is recommended for cell culture supernatant; 1:4 or 1:8 is recommended for urine; 1:200 or 1:400 is recommended for saliva; 1:80,000 or 1:160,000 is recommended for cell lysate.

7.4 Standard Serial Dilution:

Add 2 mL Sample Diluent PT 4B1 in protein standard.



Add # μ L of Standard diluted in the previous step	—	500 μ L					
# μ L of Sample Diluent PT 4B1	2000 μ L	500 μ L					
	"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 40 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).

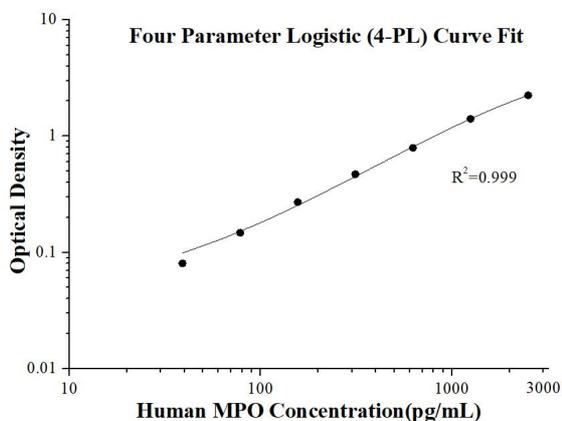
8.10 Data analysis: Calculate the average of the duplicate readings (OD value) for each standard and sample, and subtract the average of the zero standard absorbance. Construct a standard curve by plotting the mean absorbance for each standard on the y-axis against the concentration on the x-axis, use 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	120 min	4 times	Cover Wells incubate at 37°C
2	Diluent Detection antibody, HRP-conjugated Solution	100 µL	40 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	0.0061 0.0104	0.00825	-
39	0.0845 0.0928	0.08865	0.0804
78	0.1422 0.1688	0.1555	0.14725
156.25	0.2722 0.2842	0.2782	0.26995
312.5	0.4544 0.5024	0.4784	0.47015
625	0.7972 0.8027	0.79995	0.7917
1250	1.4225 1.4077	1.4151	1.40685
2500	2.2337 2.2654	2.24955	2.2413

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	1,309.5	67.3	5.1
2	20	307.7	15.5	5.0
3	20	70.7	4.5	6.4

Inter-assay Precision				
Sample	n	Mean (pg/mL)	SD	CV%
1	24	1,267.8	35.5	2.8
2	24	299.5	20.8	6.9
3	24	70.6	5.9	8.3

9.3 Recovery

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

Sample Type		Average% of Expected	Range (%)
Human serum	1:800	85	77-92
	1:1,600	87	78-93
Cell culture supernatant	1:160	78	71-83
	1:320	83	77-98
Urine	1:16	79	74-92
	1:32	79	72-87
Saliva	1:800	113	105-120
	1:1,600	87	79-94
Cell lysate	1:320,000	92	72-114
	1:640,000	100	87-110

9.4 Sample values

Human serum/Urine/Saliva - human serum, urine and saliva were evaluated for the presence of human MPO in this assay.

Sample Type	Mean (ng/mL)	Range (ng/mL)
Human serum (n=16)	169.9	54.5-419.2
Urine (n=6)	2.2	0.3-7.2
Saliva (n=8)	314.7	6.3-1,446.1

Cell culture supernatant - Human peripheral blood mononuclear cells (PBMC) (1×10^6 cells/mL) were cultured in DMEM supplemented with 10% fetal bovine serum, 5 μ M β -mercaptoethanol, 2 mM L-glutamine, 100 U/mL penicillin, and 100 μ g/mL streptomycin sulfate. Cells were cultured unstimulated or stimulated with 10 μ g/mL PHA for 3 day and 5 days. Aliquots of the cell culture supernates were removed and assayed for levels of human MPO.

Condition	Day 3 (ng/mL)	Day 5 (ng/mL)
Unstimulated	6.6	7.4
Stimulated	21.7	26.9

HL-60 were cultured in DMEM supplemented with 10% fetal bovine serum, 2.5 mM L-glutamine, 100 U/mL penicillin, and 100 μ g/mL streptomycin sulfate. An aliquot of the cell culture supernate was removed, assayed for human MPO, and measured 706.8 ng/mL.

Cell lysate

	human MPO (ng/mL)	Total protein (mg/mL)
HL-60 cell lysate	84,145.7	4.3

9.5 Sensitivity

The minimum detectable dose of human MPO is 10.1 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, samples were diluted with the appropriate **Sample Diluent** to produce samples with values within the dynamic range of the assay.

(The human serum was initially diluted 1:100. The cell culture supernatant was initially diluted 1:20. The urine was initially diluted 1:2. The saliva was initially diluted 1:100. The cell lysate was initially diluted 1:40,000.)

		Human serum	Cell culture supernatant	Urine	Saliva	Cell lysate
1:2	Average% of Expected	100	100	100	100	100
	Range (%)	-	-	-	-	-
1:4	Average% of Expected	109	107	110	96	103
	Range (%)	108-111	103-112	103-117	95-96	102-103
1:8	Average% of Expected	113	105	117	100	109
	Range (%)	112-113	87-119	105-118	97-102	102-116
1:16	Average% of Expected	118	109	121	99	112
	Range (%)	116-120	90-124	111-131	98-100	104-121

9.7 Specificity

This assay recognizes natural and recombinant human MPO.

The following factors prepared at 50 ng/mL were assayed and exhibited no cross-reactivity or interference.

Recombinant human:

MMP-9

Endorepellin/HSPG2

EFEMP1/Fibulin 3

10. References

1. Bainton, & D., F. . (1971). The development of neutrophilic polymorphonuclear leukocytes in human bone marrow: origin and content of azurophil and specific granules. *Journal of Experimental Medicine*, 134(4), 907-934.
2. Seymour J. Klebanoff. (1970). Myeloperoxidase: contribution to the microbicidal activity of intact leukocytes. *Science*, 169(3950), 1095-1097.
3. Heinecke JW: Mechanisms of oxidative damage of low density lipoprotein in human atherosclerosis. *Curr Opinion Lip* 1997; 8:268-274.
4. Hazen SL, Heinecke JW: 3-chlorotyrosine, a specific marker of myeloperoxidase-catalyzed oxidation, is markedly elevated in low density lipoproteins isolated from human atherosclerotic intima. *J Clin Invest* 1997; 99: 2075-2081.
5. Re G, Azzimondi G, Bassein L, Vaona I, Guarnieri C: Plasma lipoperoxidative markers in ischaemic stroke suggest brain embolism. *Eur J Emerg Med* 1997; 4: 5-9.
6. MacMahon S, Peto R, Cutler J et al: Blood pressure, stroke, and coronary heart disease. Part 1, prolonged differences in blood pressure: prospective observational studies corrected for the regression dilution bias. *Lancet* 1990; 335: 765-774.
7. Deuschl F G , Klinke A , Friedrichs K , et al. Myeloperoxidase is Critically Linked to the Development of Diastolic Heart Failure Following Pressure Overload[J]. *The Journal of Heart and Lung Transplantation*, 2014, 33(4):S164.
8. Hoy A , Trégouet, David, Leininger-Muller B , et al. Serum myeloperoxidase concentration in a healthy population: biological variations, familial resemblance and new genetic polymorphisms[J]. *European Journal of Human Genetics* Ejhg, 2001, 9(10):780-786.