

(FOR RESEARCH USE ONLY. DO NOT USE IT IN CLINICAL DIAGNOSTICS !)

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Catalog No: E-OSEL-H0037

Product size: 96T/48T/24T/96T*5

Elabscience® QuickKey Pro Human LTF (Lactoferrin) ELISA Kit

This manual must be read attentively and completely before using this product.

If you have any problems, please contact our Technical Service Center for help (info in the header of each page).

Tel: 1-832-243-6086
Fax: 1-832-243-6017
Email: techsupport@elabscience.com
Website: www.elabscience.com

Please refer to specific expiry date from label outside of box.

Please kindly provide us with the lot number (on the outside of the box) of the kit for more efficient service.

QuicKey Pro™ Series

Get more sensitive and precise results with saving at least 1-2h comparing to traditional ELISA Kits. The new developed technology in house will help to accelerate your science research in a more efficient way.

Intended use

This ELISA kit applies to the in vitro quantitative determination of LTF concentrations in Human serum and plasma samples. Please contact tech-support for other sample type detection.

Character

Item	
Sensitivity	0.19 ng/mL
Detection Range	0.31-20 ng/mL
Specificity	This kit recognizes Human LTF in samples. No significant cross-reactivity or interference between Human LTF and analogues was observed
Repeatability	Coefficient of variation is < 10%

Test principle

This ELISA kit uses the Sandwich-ELISA principle. The micro ELISA plate provided in this kit has been pre-coated with an antibody specific to Human LTF. Samples (or Standards) and Horseradish Peroxidase (HRP) linked antibody specific for Human LTF are added to the micro ELISA plate wells. Human LTF in samples (or standards) combines with the coated antibody and HRP linked detection antibody special to Human LTF. Excess conjugate and unbound sample or standard are washed from the plate. The substrate solution is added to each well. The enzyme-substrate reaction is terminated by the addition of stop solution and the color turns yellow. The optical density (OD) is measured spectrophotometrically at a wavelength of 450 ± 2 nm. The OD value is proportional to the concentration of Human LTF. The concentration of Human LTF in the samples is then determined by comparing the OD of the samples to the standard curve.

Kit components & Storage

An unopened kit can be stored at 2-8°C for 6 months. After test, the unused wells and reagents should be stored according to the table.

Item	Specifications	Storage After Preparation
Micro ELISA Plate (Dismountable)	96T: 8 wells ×12 strips 48T: 8 wells ×6 strips 24T: 8 wells ×3 strips 96T*5: 5 plates, 96T	2-8°C, 1 month
Reference Standard	96T: 2 vials 48T/24T: 1 vial 96T*5: 10 vials	2-8°C, use the reconstituted standard within 24h
Concentrated HRP Conjugate (100×)	96T: 1 vial, 60 µL 48T/24T: 1 vial, 30 µL 96T*5: 5 vials, 60 µL	2-8°C (Protect from light)
Reference Standard & Sample Diluent	96T/48T/24T: 1 vial, 20 mL 96T*5: 5 vials, 20 mL	2-8°C
HRP Conjugate Diluent	96T/48T/24T: 1 vial, 14 mL 96T*5: 5 vials, 14 mL	
Concentrated Wash Buffer(25×)	96T/48T/24T: 1 vial, 30 mL 96T*5: 5 vials, 30 mL	
Substrate Reagent	96T/48T/24T: 1 vial, 10 mL 96T*5: 5 vials, 10 mL	2-8°C (Protect from light)
Stop Solution	96T/48T/24T: 1 vial, 10 mL 96T*5: 5 vials, 10 mL	2-8°C
Plate Sealer	96T/48T/24T: 5 pieces 96T*5: 25 pieces	
Product Description	1 copy	
Certificate of Analysis	1 copy	

Note: All reagent bottle caps must be tightened to prevent evaporation and microbial pollution. The volume of reagents in partial shipments is a little more than the volume marked on the label, please use accurate measuring equipment instead of directly pouring into the vial(s).

Other supplies required

Microplate reader with 450 nm wavelength filter

High-precision transfer pipette, EP tubes and disposable pipette tips

Incubator capable of maintaining 37°C

Deionized or distilled water

Absorbent paper

Loading slot

Sample collection

Serum: Allow samples to clot for 2 hours at room temperature or overnight at 4°C before centrifugation for 20 min at 1000 × g at 2~8°C. Collect the supernatant to carry out the assay. Blood collection tubes should be disposable and be non-endotoxin.

Plasma: Collect plasma using EDTA-Na₂ as anticoagulant. Centrifuge samples for 15 min at 1000 × g at 2~8°C within 30 min of collection. Collect the supernatant to carry out the assay. Hemolysed samples are not suitable for ELISA assay!

Recommended reagents for sample preparation: 10×EDTA Anticoagulant (Cat No. E-EL-SR003)

Note

■ Note for kit

- 1) For research use only. Not for use in diagnostic procedures.
- 2) Please wear lab coats, eye protection and latex gloves for protection. Please perform the experiment following the national security protocols of biological laboratories, especially when detecting blood samples or other bodily fluids.
- 3) A freshly opened ELISA plate may appear a water-like substance, which is normal and will not have any impact on the experimental results. Return the unused wells to the foil pouch and store according to the conditions suggested in the above table.
- 4) Do not reuse the reconstituted standard, HRP Conjugate working solution. The unspent undiluted HRP Conjugate (100×) and other stock solutions should be stored according to the storage conditions in the above table.
- 5) The microplate reader should be able to be installed with a filter that can detect the wave length at 450 ± 2 nm. The optical density should be within 0-3.5. Follow the Instructions of the Microplate Reader for set-up and preheat it for 15 min before OD measurement.
- 6) Do not mix or substitute reagents with those from other lots or sources.
- 7) Change pipette tips in between adding of each standard level, between sample adding and between reagent adding. Also, use separate reservoirs for each reagent.
- 8) The kit should not be used beyond the expiration date on the kit label.

■ Note for sample

- 1) Tubes for blood collection should be disposable and be non-endotoxin. Samples with high hemolysis or much lipid are not suitable for ELISA assay.
- 2) Samples should be assayed within 7 days when stored at 2-8 °C , otherwise samples must be divided up and stored at -20 °C (\leq 1 month) or -80 °C (\leq 3 months). Avoid repeated freeze-thaw cycles. Prior to assay, the frozen samples should be slowly thawed and centrifuged to remove precipitates.
- 3) Please predict the concentration before assaying. If the sample concentration is not within the range of the standard curve, users must determine the optimal sample dilutions for their particular experiments.
- 4) If the sample type is not included in the manual, a preliminary experiment is suggested to verify the validity. If a lysis buffer is used to prepare tissue homogenates or cell lysates, there is a possibility of causing a deviation

- due to the introduced chemical substance.
- 5) Some recombinant protein may not be detected due to a mismatching with the coated antibody or detection antibody.

Dilution method

It is recommended to dilute normal serum/plasma samples at 200-1000 fold.

Due to individual differences, please estimate the concentration range of the sample in advance, and conduct a preliminary test to determine the appropriate dilution ratio of the sample.

If your test sample needs dilution, please refer to the dilution method as follows:

For 100 fold dilution: One-step dilution. Add 5 μL sample to 495 μL sample diluent to yield 100 fold dilution.

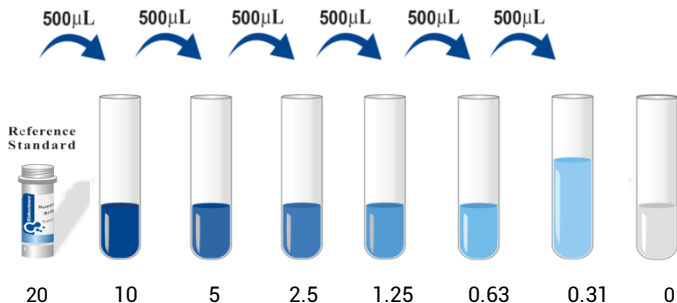
For 1000 fold dilution: Two-step dilution. Add 5 μL sample to 95 μL sample diluent to yield 20 fold dilution, then add 5 μL 20 fold diluted sample to 245 μL sample diluent, after this, the neat sample has been diluted at 1000 fold successfully.

For 100000 fold dilution: Three-step dilution. Add 5 μL sample to 195 μL sample diluent to yield 40 fold dilution, then add 5 μL 40 fold diluted sample to 245 μL sample diluent to yield 50 fold dilution, and finally add 5 μL 2000 fold diluted sample to 245 μL sample diluent, after this, the neat sample has been diluted at 100000 fold successfully.

Reagent preparation

1. Bring all reagents to room temperature (18-25 $^{\circ}\text{C}$) before use. If the kit will not be used up in one assay, please only take out the necessary strips and reagents for present experiment, and store the remaining strips and reagents at required condition.
2. **Wash Buffer.** Dilute 30 mL of Concentrated Wash Buffer with 720 mL of deionized or distilled water to prepare 750 mL of Wash Buffer. Note: if crystals have formed in the concentrate, warm it in a 40 $^{\circ}\text{C}$ water bath and mix it gently until the crystals have completely dissolved.
3. **Standard working solution:** Centrifuge the standard at 10,000 $\times g$ for 1 min. Add 1 mL of Reference Standard & Sample Diluent, let it stand for 10 min and invert it gently several times. After it dissolves fully, mix it thoroughly with a pipette. This reconstitution produces a working solution of 20 ng/mL (or add 1 mL of Reference Standard & Sample Diluent, let it stand for 1-2 min and then mix it thoroughly with a vortex meter of low speed. Bubbles generated during vortex could be removed by centrifuging at a relatively low speed). Then make serial dilutions as needed. The recommended dilution gradient is as follows: 20、10、5、2.5、1.25、0.63、0.31、0 ng/mL.

Dilution method: Take 7 EP tubes, add 500 μL of Reference Standard & Sample Diluent to each tube. Pipette 500 μL of the 20 ng/mL working solution to the first tube and mix up to produce a 10 ng/mL working solution. Pipette 500 μL of the solution from the former tube into the latter one according to this step. The illustration on the next page is for reference. Note: the last tube is regarded as a blank. Don't pipette solution into it from the former tube. Gradient diluted standard working solution should be prepared just before use.



- HRP Conjugate working solution:** HRP Conjugate is HRP conjugated antibody. Calculate the required amount before the experiment (50 μL /well). In preparation, slightly more than calculated should be prepared. Centrifuge the **Concentrated HRP Conjugate** at $800\times g$ for 1 min, then dilute the **100 \times Concentrated HRP Conjugate** to **1 \times working solution** with **HRP Conjugate Diluent**(Concentrated HRP Conjugate: HRP Conjugate Diluent= 1: 99). The working solution should be prepared just before use.

Assay procedure

1. Determine wells for **diluted standard, blank** and **sample**. Add 50 μL each dilution of standard, blank and sample into the appropriate wells (It is recommended that all samples and standards be assayed in duplicate. It is recommended to determine the dilution ratio of samples through preliminary experiments or technical support recommendations). Immediately add 50 μL of **HRP Conjugate working solution** to each well. Cover the plate with a new sealer. Incubate for 60 min at 37°C. Note: solutions should be added to the bottom of the micro ELISA plate well, avoid touching the inside wall and causing foaming as much as possible.
2. Decant the solution from each well, add 350 μL of **wash buffer** to each well. Soak for 1 min and aspirate or decant the solution from each well and pat it dry against clean absorbent paper. Repeat this wash step 5 times. Note: a microplate washer can be used in this step and other wash steps. Make the tested strips in use immediately after the wash step. Do not allow wells to be dry.
3. Add 90 μL of **Substrate Reagent** to each well. Cover the plate with a new sealer. Incubate for about 15 min at 37°C. Protect the plate from light. Note: the reaction time can be shortened or extended according to the actual color change, but not more than 30 min. Preheat the Microplate Reader for about 15 min before OD measurement.
4. Add 50 μL of **Stop Solution** to each well. Note: adding the stop solution should be done in the same order as the substrate solution.
5. Determine the optical density (OD value) of each well at once with a microplate reader set to 450 nm.

Assay Procedure Summary



1. Add 50 μ L standard or sample to the wells, immediately add 50 μ L HRP Linked Detection Ab working solution to each well. Incubate for 60 min at 37°C



2. Aspirate and wash the plate for 5 times



3. Add 90 μ L of Substrate Reagent. Incubate for about 15 min at 37°C



4. Add 50 μ L Stop Solution



5. Read the plate at 450nm immediately. Calculation of the results

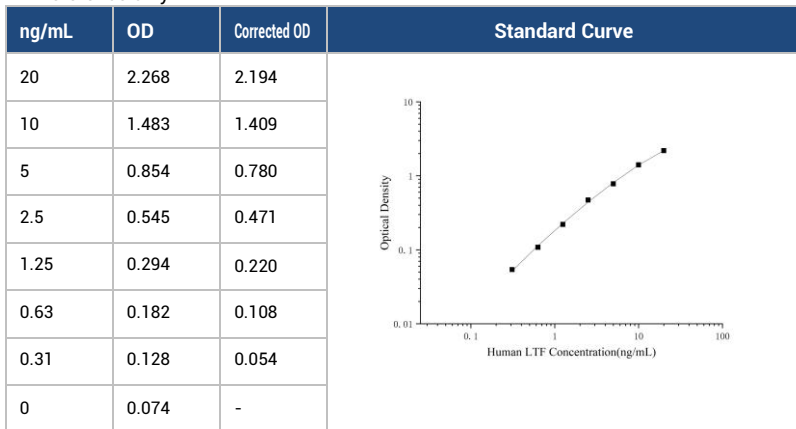
Calculation of results

Average the duplicate readings for each standard and samples, then subtract the average zero standard optical density. Plot a four parameter logistic curve on log-log graph paper, with standard concentration on the x-axis and OD values on the y-axis.

If the OD of the sample surpasses the upper limit of the standard curve, you should re-test it with an appropriate dilution. The actual concentration is the calculated concentration multiplied by the dilution factor.

Typical data

As the OD values of the standard curve may vary according to the conditions of the actual assay performance (e.g. operator, pipetting technique, washing technique or temperature effects), the operator should establish a standard curve for each test. Typical standard curve and data is provided below for reference only.



Sample value

Sample type	Reference range of Human LTF (ng/mL)
Serum(n=10)	2000-8000
Plasma(EDTA)(n=10)	200-2000

Note: The above samples were from normal healthy individuals during non-menstrual period or pregnancy.

Performance

■ Precision

Intra-assay Precision (Precision within an assay): 3 samples with low, mid range and high level Human LTF were tested 20 times on one plate, respectively.

Inter-assay Precision (Precision between assays): 3 samples with low, mid range and high level Human LTF were tested on 3 different plates, 20 replicates in each plate, respectively.

Sample	Intra-assay Precision			Inter-assay Precision		
	1	2	3	1	2	3
n	20	20	20	20	20	20
Mean(ng/mL)	1.06	2.94	6.87	1.16	2.93	6.91
Standard deviation	0.07	0.13	0.36	0.07	0.2	0.51
CV (%)	6.74	4.46	5.27	6.34	6.82	7.38

■ Recovery

The recovery of Human LTF spiked at three different levels in samples throughout the range of the assay was evaluated in various matrices.

Sample Type	Range (%)	Average Recovery (%)
Serum (n=8)	96-110	102
EDTA plasma (n=8)	93-108	99

■ Linearity

Samples were spiked with high concentrations of Human LTF and diluted with Reference Standard & Sample Diluent to produce samples with values within the range of the assay.

		Serum (n=5)	EDTA plasma (n=5)
1:2	Range (%)	97-109	91-101
	Average (%)	104	96
1:4	Range (%)	96-109	84-99
	Average (%)	101	91
1:8	Range (%)	95-107	90-103
	Average (%)	101	96
1:16	Range (%)	95-109	86-98
	Average (%)	103	91

Troubleshooting

If the results are not good enough, please take pictures and save the experimental data in time. Keep the used plate and remaining reagents. Then contact our technical support to solve the problem. Meanwhile, you could also refer to the following materials:

Problem	Causes	Solutions
Poor standard curve	Inaccurate pipetting	Check pipettes.
	Improper standard dilution	Ensure briefly spin the vial of standard and dissolve the powder thoroughly by gentle mixing.
	Wells are not completely aspirated	Completely aspirate wells in between steps.
Low signal	Insufficient incubation time	Ensure sufficient incubation time.
	Incorrect assay temperature	Use recommended incubation temperature. Bring substrate to room temperature before use.
	Inadequate reagent volumes	Check pipettes and ensure correct preparation.
	Improper dilution	
HRP conjugate inactive or TMB failure	Mix HRP conjugate and TMB, rapid coloring.	
Deep color but low value	Plate reader setting is not optimal	Verify the wavelength and filter setting on the Microplate reader.
		Open the Microplate Reader ahead to pre-heat.
Large CV	Inaccurate pipetting	Check pipettes.
High background	Concentration of target protein is too high	Use recommended dilution factor.
	Plate is insufficiently washed	Review the manual for proper wash. If using a plate washer, check that all ports are unobstructed.
	Contaminated wash buffer	Prepare fresh wash buffer.
Low sensitivity	Improper storage of the ELISA kit	All the reagents should be stored according to the instructions.
	Stop solution is not added	Stop solution should be added to each well before measurement.

Declaration

1. Limited by current conditions and scientific technology, we can't conduct comprehensive identification and analysis on all the raw material provided. So there might be some qualitative and technical risks for users using the kit.
2. This assay is designed to eliminate interference by factors present in biological samples. Until all factors have been tested in the ELISA immunoassay, the possibility of interference cannot be excluded.
3. The final experimental results will be closely related to the validity of products, operational skills of the operators, the experimental environments and so on. We are only responsible for the kit itself, but not for the samples consumed during the assay. The users should calculate the possible amount of the samples used in the whole test. Please reserve sufficient samples in advance.
4. To get the best results, please only use the reagents supplied by the manufacturer and strictly comply with the instructions.
5. Incorrect results may occur because of incorrect operations during the reagents preparation and loading, as well as incorrect parameter settings of the Micro-plate reader. Please read the instructions carefully and adjust the instrument prior to the experiment.
6. Even the same operator might get different results in two separate experiments. In order to get reproducible results, the operation of every step in the assay should be controlled.
7. Every kit has strictly passed QC test. However, results from end users might be inconsistent with our data due to some variables such as transportation conditions, different lab equipment, and so on. Intra-assay variance among kits from different batches might arise from the above reasons too.
8. Kits from different manufacturers or other methods for testing the same analyte could bring out inconsistent results, since we haven't compared our products with those from other manufacturers.
9. The kit is designed for research use only, we will not be responsible for any issues if the kit is applied in clinical diagnosis or any other related procedures.