## LSBiotm Human CP / Ceruloplasmin ELISA Kit

## Catalog No. LS-F10412

# **User Manual**

Please Read the Manual Carefully Before Starting your Experiment



For research use only. Not approved for use in humans or for clinical diagnosis.



### Human Ceruloplasmin Antigen ELISA Kit

Catalog # LS-F10412

Strip well

Rev: September 2014

format. Reagents for up to 96 tests.

#### **STORAGE AND STABILITY**

Store all kit components at 4°C upon arrival. Return any unused microplate strips to the plate pouch with desiccant. Reconstituted standards and primary may be stored at -80°C for later use. Do not freeze-thaw the standard and primary antibody more than once. Store all other unused kit components at 4°C. This kit should not be used beyond the expiration date.

#### **OTHER REAGENTS AND SUPPLIES REQUIRED**

- Microtiter plate shaker capable of 300 rpm uniform horizontally circular movement
- Manifold dispenser/aspirator or automated microplate washer
- Microplate reader capable of measuring absorbance at 450 nm
- Pipettes and Pipette tips
- Deionized or distilled water
- Polypropylene tubes for dilution of

standard•Paper towels or laboratory wipes

- •1N H<sub>2</sub>SO<sub>4</sub> or 1N HCl
- Bovine Serum Albumin Fraction V (BSA)
- •Tris(hydroxymethyl)aminomethane

(Tris)•Sodium Chloride (NaCl)

#### PRECAUTIONS

•FOR LABORATORY RESEARCH USE ONLY. NOT FOR DIAGNOSTIC USE.

- •Do not mix any reagents or components of this kit with any reagents or components of any other kit. This kit is designed to work properly as provided.
- •Always pour peroxidase substrate out of the bottle into a clean test tube. Do not pipette out of the bottle as contamination could result.
- •Keep plate covered except when adding reagents, washing, or reading.
- •DO NOT pipette reagents by mouth and avoid contact of reagents and specimens with skin.
- •DO NOT smoke, drink, or eat in areas where specimens or reagents are being handled.

#### **INTENDED USE**

This human ceruloplasmin antigen assay is intended for the quantitative determination of total ceruloplasmin antigen in human plasma, serum, urine, milk, saliva and cell culture samples. For research use only.

#### BACKGROUND

Ceruloplasmin (aka Ferroxidase I) is a 132kDa 1,046 amino acid glycoprotein which carries 95% of serum copper by binding 6 cupric ions per molecule [1]. Levels are decreased in Wilson's Disease (hepatolenticular degeneration) and heritable aceruloplasminemia leading to iron accumulation in the liver or brain from impaired iron homeostasis [2].

#### **ASSAY PRINCIPLE**

Human ceruloplasmin will bind to the affinity purified capture antibody coated on the microtiter plate. After appropriate washing steps, biotin labeled anti-human ceruloplasmin primary antibody binds to the captured protein. Excess primary antibody is washed away and bound antibody is reacted with peroxidase conjugated streptavidin. Following an additional washing step, TMB substrate is used for color development at 450nm. A standard calibration curve is prepared along with the

samples to be measured using dilutions of human ceruloplasmin. Color development is proportional to the concentration of total ceruloplasmin in the samples.

#### **REAGENTS PROVIDED**

- •96-well antibody coated microtiter strip plate (removable wells 8x12) containing anti-human ceruloplasmin antibody, blocked and dried.
- •10X Wash buffer: 1 bottle of 50ml
- •Human ceruloplasmin standard: 1 vial lyophilized standard
- •Anti-human ceruloplasmin primary antibody: 1 vial lyophilized polyclonal antibody
- •Horseradish peroxidase-conjugated streptavidin: 1 vial concentrated HRP labeled streptavidin
- •TMB substrate solution: 1 bottle of 10ml solution

#### **PREPARATION OF REAGENTS**

- •TBS buffer: 0.1M Tris, 0.15M NaCl, pH 7.4
- •Blocking buffer (BB): 3% BSA (w/v) in TBS
- •1X Wash buffer: Dilute 50ml of 10X wash buffer concentrate with 450ml of deionized water

#### SAMPLE COLLECTION

Collect plasma using EDTA, citrate or heparin as an anticoagulant. Centrifuge for 15 minutes at 1000xg within 30 minutes of collection. Assay immediately or aliquot and store at  $\leq$  -20°C. Avoid repeated freeze-thaw cycles.

#### **ASSAY PROCEDURE**

Perform assay at room temperature. Vigorously shake plate (300rpm) at each step of the assay.

#### **Preparation of Standard**

Reconstitute standard by adding 1ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. This will result in a 1000ng/ml standard solution.

Dilution table for preparation of human ceruloplasmin standard:

Ceruloplasmin concentration (ng/ml)	Dilutions				
1,000	(from vial)				
500	500μl (BB) + 500μl (1000ng/ml)				
200	600μl (BB) + 400μl (500ng/ml)				
100	500µl (BB) + 500µl (200ng/ml)				
50	500μl (BB) + 500μl (100ng/ml)				
20	600μl (BB) + 400μl (50ng/ml)				
10	500μl (BB) + 500μl (20ng/ml)				
5	500μl (BB) + 500μl (10ng/ml)				
2	600µl (BB) + 400µl (5ng/ml)				
1	500μl (BB) + 500μl (2ng/ml)				
0	500μl (BB) Zero point to determine background				

NOTE: DILUTIONS FOR THE STANDARD CURVE AND ZERO STANDARD MUST BE MADE AND APPLIED TO THE PLATE IMMEDIATELY.

#### Standard and Unknown Addition

Remove microtiter plate from bag and add 100µl ceruloplasmin standards (in duplicate) and unknowns to wells. Carefully record position of standards and unknowns. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300µl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

NOTE: The assay measures total human ceruloplasmin in the 1-1,000 ng/ml range. If the unknown is thought to have high ceruloplasmin levels, dilutions may be made in blocking buffer. A 1:10,000-1:100,000 dilution for normal plasma or serum and 1:10-1:50 dilution for breast milk is suggested for best results. Saliva and urine samples should be applied directly to the plate for best results.

#### **Primary Antibody Addition**

Reconstitute primary antibody by adding 10ml of blocking buffer directly to the vial and agitate gently to completely dissolve contents. Add 100µl to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300µl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

#### **Streptavidin-HRP Addition**

Briefly centrifuge vial before opening. Dilute 2.5µl of HRP conjugated streptavidin into 2.5ml blocking buffer to generate a 1:1,000 dilution. Add 0.4ml of 1:1,000 dilution to 9.6ml of blocking buffer to generate a 1:25,000 dilution. Add 100µl of the 1:25,000 dilution to all wells. Shake plate at 300rpm for 30 minutes. Wash wells three times with 300µl wash buffer. Remove excess wash by gently tapping plate on paper towel or kimwipe.

#### **Substrate Incubation**

Add 100µl TMB substrate to all wells and shake plate for 2-10 minutes. Substrate will change from colorless to different strengths of blue. Quench reaction by adding 50µl of 1N H<sub>2</sub>SO<sub>4</sub> or HCl stop solution to all wells when samples are visually in the same range as the standards. Add stop solution to wells in the same order as substrate upon which color will change from blue to yellow. Mix thoroughly by gently shaking the plate.

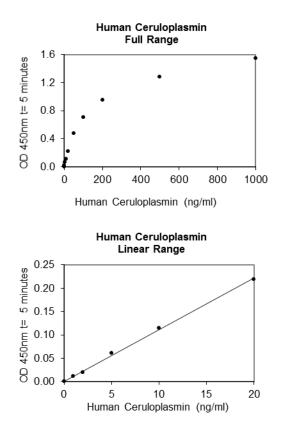
#### **Measurement**

Set the absorbance at 450nm in a microtiter plate spectrophotometer. Measure the absorbance in all wells at 450nm. Subtract zero point from all standards and unknowns to determine corrected absorbance (A<sub>450</sub>).

#### **Calculation of Results**

Plot A<sub>450</sub> against the amount of ceruloplasmin in the standards. Fit a straight line through the linear points of the standard curve using a linear fit procedure if unknowns appear on the linear portion of the standard curve. Alternatively, create a standard curve by analyzing the data using a software program capable of generating a four parameter logistic (4PL) curve fit. The amount of ceruloplasmin in the unknowns can be determined from this curve. If samples have been diluted, the calculated concentration must be multiplied by the dilution factor.

#### A typical standard curve (EXAMPLE ONLY):



#### **EXPECTED VALUES**

The concentration of ceruloplasmin in normal human plasma is  $300\mu g/ml$  [3].

#### **PERFORMANCE CHARACTERISTICS**

**Sensitivity:** The minimum detectable dose (MDD) was determined by adding two standard deviations to the mean optical density value of twenty zero standard replicates (range OD<sub>450</sub>: 0.046-0.062) and calculating the corresponding concentration. The MDD was 0.291 ng/mL.

**Intra-assay Precision:** These studies are currently in progress. Please contact us for more information.

**Inter-assay Precision:** These studies are currently in progress. Please contact us for more information.

**Recovery:** These studies are currently in progress. Please contact us for more information.

**Linearity:** These studies are currently in progress. Please contact us for more information.

**Specificity:** These studies are currently in progress. Please contact us for more information.

**Sample Values:** Samples were evaluated for the presence of the antigen at varying dilutions.

Sample Type	Dilution	Mean (µg/mL)		
EDTA Plasma	1:20,000	302		
EDTA Plasma	1:40,000	311		
Citrate Plasma	1:20,000	348		
Citrate Plasma	1:40,000	328		
Llonarin Dlasma	1:20,000	319		
Heparin Plasma	1:40,000	394		
Milk,	1:100	1.76		
Centrifuged	1:1,000	3.05		
Urine, Centrifuged	1:10	0.033		
Saliva,	1:16	0.046		
Centrifuged	1:32	0.050		

#### DISCLAIMER

This information is believed to be correct but does not claim to be all-inclusive and shall be used only as a guide. The supplier of this kit shall not be held liable for any damage resulting from handling of or contact with the above product.

#### Example of ELISA Plate Layout 96 Well Plate: 22 Standard wells, 74 Sample wells

	1	2	3	4	5	6	7	8	9	10	11	12
Α	0	1	2	5	10	20	50	100	200	500	1,000	
~		ng/ml										
В	0	1	2	5	10	20	50	100	200	500	1,000	
	•	ng/ml										
С												
D												
ΕF												
G												
н												

**Important Note:** During shipment, small volumes of product will occasionally become entrapped in the seal of the product vial. We recommend briefly centrifuging the vial to dislodge any liquid in the container's cap prior to opening.

**Warning:** This reagent may contain sodium azide and sulfuric acid. The chemical, physical, and toxicological properties of these materials have not been thoroughly investigated. Standard Laboratory Practices should be followed. Avoid skin and eye contact, inhalation, and ingestion. Sodium azide forms hydrazoic acid under acidic conditions and may react with lead or copper plumbing to form highly explosive metal azides. On disposal, flush with large volumes of water to prevent accumulation.

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