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Product Data Sheet:

HUMAN OSTEOCALCIN (OST) ELISA

Catalogue number:

RIS002R

For research use only!

**B
G** **BioVendor**
R&D®

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1. INTENDED USE

The RIS002R Human Osteocalcin ELISA Immunoenzymetric assay for the measurement of intact human osteocalcin (OST) in serum. It is intended for research use only.

2. STORAGE, EXPIRATION

Before opening or reconstitution, all kits components are stable until the expiry date, indicated on the vial label, if kept at 2°C to 8°C.

Unused wells must be stored, at 2-8°C, in a sealed bag containing a desiccant until expiration date.

After reconstitution, calibrators and controls are very unstable, use them immediately after reconstitution. For longer storage periods, aliquots should be made and kept at -20°C for maximally 6 weeks. Freezing should be performed immediately after use, do not wait for freezing until all the samples are pipetted. Avoid subsequent freeze-thaw cycles.

The concentrated Wash Solution is stable at room temperature until expiration date.

Freshly prepared Working Wash solution should be used on the same day.

After its first use, the concentrated conjugate is stable until expiry date, if kept in the original well-closed vial at 2°C to 8°C.

Alterations in physical appearance of kit reagents may indicate instability or deterioration.

3. INTRODUCTION

Biological activities

Osteocalcin or bone Gla protein (B.G.P) is the major non-collagen protein of the bone matrix. It has a molecular weight of 5800 Da and contains 49 amino-acids, including 3 residues of gamma carboxyl glutamic acid. Osteocalcin is synthesized in the bone by the osteoblasts. After production, it is partly incorporated in the bone matrix and the rest is found in the blood circulation. The exact physiological function of osteocalcin is still unclear. A large number of studies show that the circulating levels of osteocalcin reflect the rate of bone formation.

Clinical application

The determination of the blood levels of osteocalcin is valuable for :

- The identification of women at risk of developing osteoporosis
- Monitoring bone metabolism during the perimenopause and postmenopause
- Monitoring bone metabolism during hormone replacement therapy and treatment of premenopausal women with LH-RH agonists
- Monitoring bone metabolism in patients with growth hormone deficiency, hypothyroidism, hyperthyroidism, chronic renal failure.

4. TEST PRINCIPLE

The Biovendor hOST-ELISA is a solid phase Enzyme Amplified Sensitivity Immunoassay performed on breakable microtiterplates. The assay uses monoclonal antibodies (MAbs) directed against distinct epitopes of human osteocalcin. Calibrators and samples react with the capture monoclonal antibody (MAb 1) coated on microtiter well and with a monoclonal antibody (MAb 2) labelled with horseradish peroxidase (HRP). After an incubation period allowing the formation of a sandwich: coated MAb 1 – human osteocalcin – MAb 2 – HRP, the microtiterplate is washed to remove unbound enzyme labelled antibody. Bound enzyme-labelled antibody is measured through a chromogenic reaction. Chromogenic solution (TMB ready for use) is added and incubated. The reaction is stopped with the addition of Stop Solution and the microtiterplate is then read at the appropriate wavelength. The amount of substrate turnover is determined colourimetrically by measuring the absorbance, which is proportional to the osteocalcin concentration.

A calibration curve is plotted and OST concentration in samples is determined by interpolation from the calibration curve.

5. PRECAUTIONS

For research use only

The human blood components included in this kit have been tested by European approved and/or FDA approved methods and found negative for HBsAg, anti-HCV, anti-HIV-1 and 2. No known method can offer complete assurance that human blood derivatives will not transmit hepatitis, AIDS or other infections. Therefore, handling of reagents, serum or plasma specimens should be in accordance with local safety procedures.

All animal products and derivatives have been collected from healthy animals. Bovine components originate from countries where BSE has not been reported. Nevertheless, components containing animal substances should be treated as potentially infectious.

Avoid any skin contact with all reagents, Stop Solution contains HCl, the chromogenic solution contains TMB and H₂O₂. In case of contact, wash thoroughly with water.

Do not smoke, drink, eat or apply cosmetics in the working area. Do not pipette by mouth. Use protective clothing and disposable gloves.

6. TECHNICAL HINTS

Do not use the kit or components beyond expiry date.

Do not mix materials from different kit lots.

Bring all the reagents to room temperature prior to use.

Thoroughly mix all reagents and samples by gentle agitation or swirling.

Perform calibrators, controls and samples in duplicate. Vertical alignment is recommended.

Use a clean plastic container to prepare the Wash Solution.

In order to avoid cross-contamination, use a clean disposable pipette tip for the addition of each reagent and sample.

For the dispensing of the Chromogenic Solution and the Stop Solution avoid pipettes with metal parts.

High precision pipettes or automated pipetting equipment will improve the precision.

Respect the incubation times.

To avoid drift, the time between pipetting of the first calibrator and the last sample must be no longer than 30 minutes.

Prepare a calibration curve for each run, do not use data from previous runs.

Dispense the Chromogenic Solution within 15 minutes following the washing of the microtiterplate.

During incubation with Chromogenic Solution, avoid direct sunlight on the microtiterplate.

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7. REAGENT SUPPLIED

Reagents	96 tests Kit	Color Code	Reconstitution
Microtiterplate with 96 anti OST (monoclonal antibodies) coated breakable wells	96 wells	blue	Ready for use
Conjugate: HRP labelled anti-OST (monoclonal antibodies) in Stabilizing Buffer	1 vial 0.4 ml	red	Dilute 50 x with conjugate buffer
Conjugate buffer: TRIS-HCl buffer with bovine serum albumin, bovine casein, EDTA, gentamycin and thymol	1 vial 12 ml	red	Ready for use
Zero calibrator in human serum with protease inhibitors and benzamidin	1 vial lyophilized	yellow	Add 1.0 ml distilled water
Calibrator N = 1 to 5 (see exact values on vial labels) in human serum with protease inhibitors and benzamidin	5 vials lyophilized	yellow	Add 1.0 ml distilled water
Controls - N = 1 or 2 in human serum with protease inhibitors, benzamidin and thymol	2 vials lyophilized	silver	Add 1.0 ml distilled water
Wash solution (Tris-HCl)	1 vial 10 ml	brown	Dilute 200 x with distilled water (use a magnetic stirrer).
Chromogenic TMB Solution (Tetramethylbenzidine)	1 vial 12 ml	black	Ready for use
Stop solution: HCl 1.0 N	1 vial 12 ml	white	Ready for use

8. MATERIAL REQUIRED BUT NOT SUPPLIED

The following material is required but not provided in the kit:

1. High quality distilled water
2. Trasylol® at 10000IU/ml
3. Pipettes for delivery of: 25 µl, 100 µl, 500 µl and 1 ml (the use of accurate pipettes with disposable plastic tips is recommended)
4. Vortex mixer
5. Magnetic stirrer
6. Washer for Microtiterplates
7. Microtiterplate reader capable of reading at 450 nm and 650 nm (bichromatic reading)

9. PREPARATION OF REAGENTS

Calibrators

Reconstitute the zero calibrator and other calibrators with 1.0 ml distilled water.

Controls

Reconstitute the controls with 1.0 ml distilled water.

Working anti-OST-HRP conjugate

Prepare an adequate volume of conjugate solution by adding 40 µl of the concentrated anti-OST-HRP conjugate to 2 ml of conjugate buffer. Use a vortex to homogenize. Extemporaneous preparation is recommended.

Working Wash solution

Prepare an adequate volume of Working Wash solution by adding 199 volumes of distilled water to 1 volume of Wash Solution (200x). Use a magnetic stirrer to homogenize. Discard unused Working Wash solution at the end of the day.

10. PREPARATION OF SAMPLES

Collect blood by venipuncture, taking care to avoid haemolysis, the samples must be kept in an ice bath. Separate the serum from the cells within 3 hours, the use of a refrigerated centrifuge is recommended. Add 100 µl Trasylol® (10000 IU/ml) to the serum immediately after centrifugation (to obtain 1000 IU Trasylol® per ml sample).

With this treatment the samples are stable for 3 days at 2°C -8°C. For a longer delay the samples have to be frozen (- 20°C), however the samples can only be thawed once! For repeat testing freeze the samples in aliquots and discard each sample after the first thawing.

Do not use haemolysed samples or lipemic samples.

11. ASSAY PROCEDURE

1. Select the required number of wells for the run. The unused wells should be resealed in the bag with a desiccant and stored at 2-8°C.
2. Secure the wells into the holding frame.
3. Pipette 25 µl of each Calibrator, Control and Sample into the appropriate wells.
4. Pipette 100 µl of working anti-OST-HRP conjugate into all the wells.
5. Incubate for 2 hours at room temperature.
6. Aspirate the liquid from each well.
7. Wash the plate 3 times by:
 8. Dispensing 0.4 ml of Wash Solution into each well
 9. Aspirating the content of each well
10. Pipette 100 µl of the chromogenic solution into each well within 15 minutes following the washing step.
11. Incubate the microtiterplate for 30 minutes at room temperature horizontal and avoid direct sunlight.
12. Pipette 100 µl of Stop Solution into each well.
13. Read the absorbancies at 450 nm (reference filter 630 nm or 650 nm) within 1 hour and calculate the results as described in section 12.

12. CALCULATIONS

1. Read the plate at 450 nm against a reference filter set at 650 nm (or 630 nm).
2. Calculate the mean of duplicate determinations.
3. Plot the OD values (ordinate) for each calibrator against the corresponding concentration of OST (abscissa) and draw a calibration curve.
4. Read the concentration for each control and sample by interpolation on the calibration curve.
5. Computer assisted data reduction will simplify these calculations. If automatic result processing is used, a 4 parameter logistic function curve fitting is recommended.

If Trasylol® is added to the samples (100 µl/ml), sample values have to be multiplied by 1.1.

The following data are for illustration only and should never be used instead of the real time calibration curve.

hOST-ELISA		OD units
Calibrator	0.0 ng/ml	0.033
	1.56 ng/ml	0.118
	4.1 ng/ml	0.229
	12.7 ng/ml	0.641
	31.5 ng/ml	1.420
	75 ng/ml	2.415

13. PERFORMANCE CHARACTERISTICS

Detection Limit

Twenty zero calibrators were assayed along with a set of other calibrators. The detection limit, defined as the apparent concentration two standard deviations above the average OD at zero binding, was 0.08 ng/ml.

Specificity

This method detects intact human osteocalcin. N-terminal and C-terminal fragments have been tested at their maximum levels found in normal and pathological samples, were added to a low and a high value calibrator. No cross reactivity was observed at these concentrations.

Precision

Intra-assay (n=20)

Serum	<X> ± SD (ng/ml)	CV %
A	11.5 ± 0.5	4.6
B	28.2 ± 0.9	3.0

SD: Standard Deviation; CV: Coefficient of variation

Inter-assay (n=20)

Serum	<X> ± SD (ng/ml)	CV %
A	11.9 ± 0.4	3.4
B	27.7 ± 1.5	5.5

SD : Standard Deviation; CV: Coefficient of variation

Accuracy

Recovery test

Sample	Added OST (ng/ml)	Recovered OST (ng/ml)	Recovery (%)
Serum	1.4	1.55	111
	4.04	4	99
	8.4	8.3	99
	15	14.5	97
	31	31	100
	64.6	64.4	99

Dilution test

Sample	Dilution	Theoretical Concent. (ng/ml)	Measured Concent. (ng/ml)
1	1/1	-	28.6
	1/2	14.3	14.2
	1/4	7.1	7.1
	1/8	3.6	3.4
	1/16	1.8	1.4
2	1/1	-	30.8
	1/2	15.4	15
	1/4	7.7	7.7
	1/8	3.8	3.7

Samples were diluted with zero calibrator.

Hook effect

A sample spiked with OST up to 625 ng/ml gives higher OD's than the last calibrator point.

14. QUALITY CONTROL

- If the results obtained for Control 1 and/or Control 2 are not within the range specified on the vial label, the results cannot be used unless a satisfactory explanation for the discrepancy has been given.
- If desirable, each laboratory can make its own pools of control samples, which should be kept frozen in aliquots. Controls which contain azide will interfere with the enzymatic reaction and cannot be used.
- Acceptance criteria for the difference between the duplicate results of the samples should rely on Good Laboratory Practises
- It is recommended that Controls be routinely assayed as unknown samples to measure assay variability. The performance of the assay should be monitored with quality control charts of the controls.
- It is good practise to check visually the curve fit selected by the computer.

15. REFERENCE INTERVALS

These values are given only for guidance; each laboratory should establish its own normal range of values.

Normal values are expected between 5 to 25 ng/ml.

Example Version

16. REFERENCES

References to osteocalcin:

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For more references on this product see our web pages at www.biovendor.com.

17. ASSAY PROCEDURE - SUMMARY

	CALIBRATORS (μl)	SAMPLE(S) CONTROLS (μl)
Calibrators (0-5)	25	-
Samples, Controls	-	25
Working Anti-OST- HRP conjugate	100	100
<p>Incubate for 2 hours at room temperature. Aspirate the contents of each well. Wash 3 times with 400 μl of Wash Solution and aspirate.</p>		
Chromogenic Solution	100	100
<p>Incubate for 30 min at room temperature.</p>		
Stop Solution	100	100
<p>Read on a microtiterplate reader and record the absorbance of each well at 450 nm (versus 630 or 650 nm)</p>		



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