

ENG

Product Data Sheet:

**HUMAN MANNOSE BINDING
LECTIN ELISA**

Catalogue number:

RHK323-01R

RHK323-02R

For research use only!

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1. INTENDED USE

The human MBL (Lectin assay) ELISA kit is to be used for the *in vitro* quantitative determination of human MBL in serum, plasma and cell culture supernatant samples. This kit is intended for laboratory research use only and is not for use in diagnostic or therapeutic procedures.

The analysis should be performed by trained laboratory professionals.

2. INTRODUCTION

Mannose Binding Lectin (MBL) is a C-type lectin that is an important element in innate immunity. MBL belongs to the collectin family of proteins that consists of a collagen-like domain and a carbohydrate recognition domain (CRD). Through this, MBL recognizes carbohydrates (e.g. mannose and N-acetylglucosamine) on pathogens. MBL forms several sizes of oligomers that are composed of subunits of three identical 32 kDa polypeptides. MBL is a pattern recognition receptor, and upon recognition of the infectious agent, MBL triggers the activation of the lectin-complement pathway through attached C1r/C1s-like serine proteases, designated MASP. The MBL-MASP complex proteolytically cleaves C4, C2 and C3. The lectin pathway is antibody and C1q-independent and is, therefore, independent of the classical and alternative complement activation pathway. MBL is synthesized by hepatocytes and has been isolated from the liver or serum of several vertebrate species.

Normal human plasma contains MBL concentrations ranging from 10 to 5,000 ng/ml. Up to 12% of healthy Caucasian blood donors have MBL concentrations below 100 ng/ml. Low plasma concentrations have been associated with an inherited defect in opsonization. The MBL concentration is enhanced in infectious diseases. Measuring of MBL is indicated in recurrent infections (especially in children), primary/secondary immunodeficiencies, atherosclerosis/coronary heart disease, cystic fibrosis, transplantation, autoimmune diseases (SLE/Rheumatoid arthritis) and habitual abortion. MBL measurement is not affected by the presence of antibodies against mannan. In the human MBL assay, any influence of the classical pathway has been eliminated by using a special Binding buffer, which inhibits the binding of C1q to immunocomplexes and disrupts the C1 complex, while leaving the function of the MBL complex intact.

3. KIT FEATURES

- Working time of 4 hours.
- Minimum concentration which can be measured is 0.41 ng/ml.
- Measurable concentration range of 0.41 to 100 ng/ml.
- Working volume of 100 µl/well.

Cross-reactivity

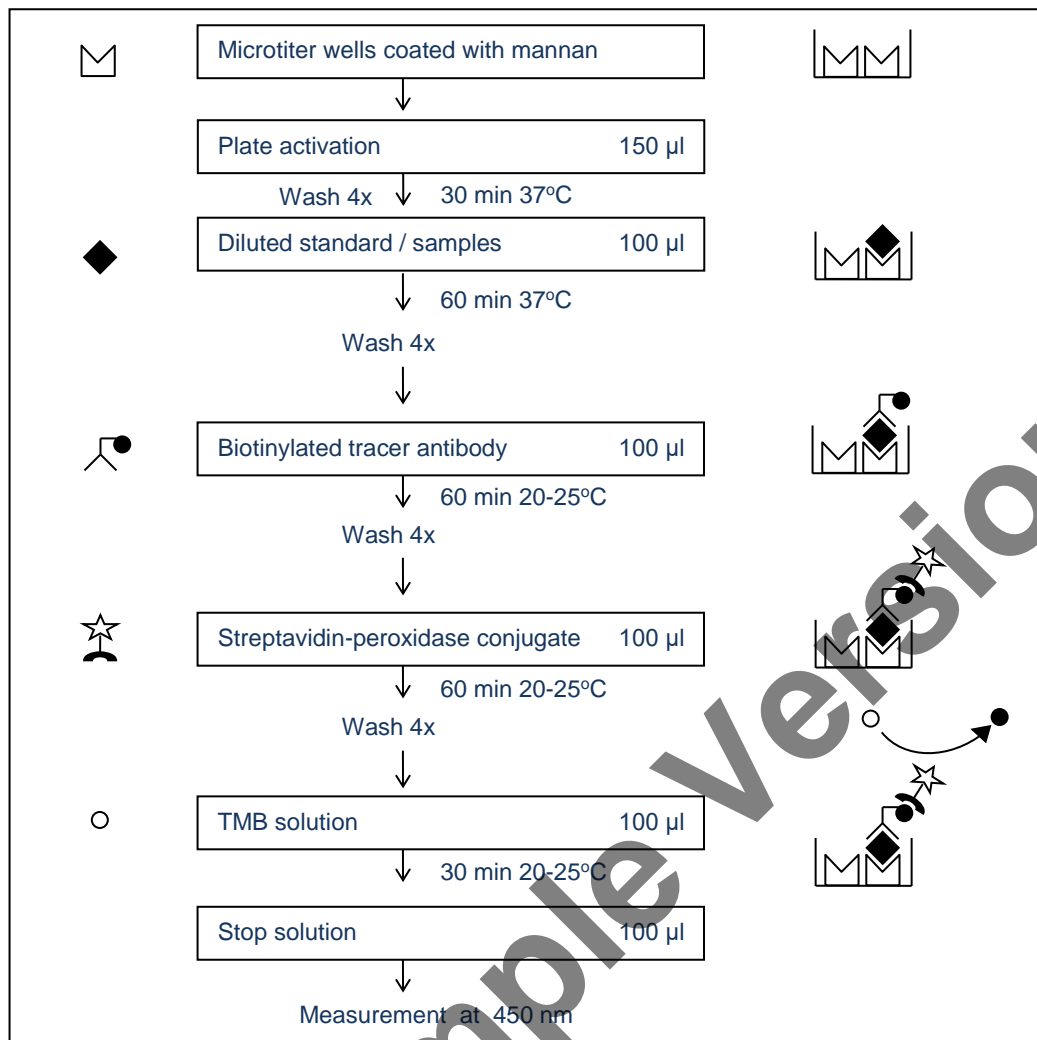
Potential cross-reacting proteins detected in the human MBL ELISA:

Cross reactant	Reactivity
Swine	negative

Table 1

Cross-reactivity for other species or proteins/peptides has not been tested.

4. TEST PRINCIPLE



- The human MBL (Lectin assay) ELISA is a ready-to-use ligand-lectin solid-phase enzyme-linked immuno assay with a working time of 4 hours.
- The efficient format of a plate with twelve disposable 8-well strips allows free choice of batch size for the assay.
- After activation samples and standards are incubated in microtiter wells coated with mannan.
- During this incubation the mannan binding property of functional human MBL is used to capture human MBL by solid bound mannan.
- Biotinylated tracer antibody to human MBL is added to the wells.
- If functional, mannan binding human MBL was present in the sample, the tracer antibodies will bind to the mannan bound human MBL.
- Streptavidin-peroxidase conjugate will bind to the biotinylated tracer antibody.
- Streptavidin-peroxidase conjugate will react with the substrate, tetramethylbenzidine (TMB).
- The enzyme reaction is stopped by the addition of oxalic acid.
- The absorbance at 450 nm is measured with a spectrophotometer. A standard curve is obtained by plotting the absorbance (linear) versus the corresponding concentrations of the human MBL standards (log).
- The human MBL concentration of samples, which are run concurrently with the standards, can be determined from the standard curve.

5. TECHNICAL HINTS

- User should be trained and familiar with ELISA assays and test procedure.
- If you are not familiar with the ELISA technique it is recommended to perform a pilot assay prior to evaluation of your samples. Perform the assay with a standard curve only following the instructions.
- Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Completely empty wells before dispensing wash buffer, fill with wash buffer as indicated for each cycle and do not allow wells to sit uncovered or dry for extended periods.
- Since exact conditions may vary from assay to assay, a standard curve must be established for every run. Samples should be referred to the standard curve prepared on the same plate.
- Do not mix reagents from different batches, or other reagents and strips. Reminders should not be mixed with contents of freshly opened vials.
- Each time the kit is used, fresh dilutions of standard, sample, tracer, streptavidin-peroxidase and buffers should be made.
- Caps and vials are not interchangeable. Caps should be replaced on the corresponding vials.
- To avoid cross-contaminations, change pipette tips between reagent additions of each standard, between sample additions, and between reagent additions. Also, use separate reservoirs for each reagent.
- The waste disposal should be performed according to your laboratory regulations.

Example Version

6. REAGENT SUPPLIED

Kit component	Quantity	Quantity	Color code
	RHK323-01R	RHK323-02R	
Plate activation buffer 5x	1 vial (6 ml)	1 vial (6 ml)	Colorless
Wash buffer 40x	1 vial (30 ml)	1 vial (30 ml)	Colorless
Binding buffer 1x	1 vial (60 ml)	1 vial (60 ml)	Green
Dilution buffer 10x	1 vial (6 ml)	1 vial (6 ml)	Green
Standard	2 vials, lyophilized	4 vials, lyophilized	White
Tracer, biotinylated	1 vial, 1 ml lyophilized	2 vials, 1 ml lyophilized	White
Streptavidin-peroxidase 100x	1 tube, 0.25ml in solution	1 tube, 0.25ml in solution	Brown
TMB substrate	1 vial (11 ml)	1 vial (22 ml)	Brown
Stop solution	1 vial (22 ml)	1 vial (22 ml)	Red
12 Microtiter strips, pre-coated	1 plate	2 plates	

Table 2

- Upon receipt, store individual components at 2 - 8°C. Do not freeze.
- Do not use components beyond the expiration date printed on the kit label.
- The standard and tracer in lyophilized form and the streptavidin-peroxidase in concentrated solution are stable until the expiration date indicated on the kit label, if stored at 2 - 8°C.
- The exact amount of the standard is indicated on the label of the vial and the Certificate of Analysis.
- After reconstitution the standard is single use and cannot be stored.
- Once reconstituted the tracer is stable for 1 month if stored at 2 - 8°C.
- The streptavidin-peroxidase can only be stored in concentrated solution and is not stable when stored diluted.
- Upon receipt, foil pouch around the plate should be vacuum-sealed and unpunctured. Any irregularities to aforementioned conditions may influence plate performance in the assay.
- Return unused strips immediately to the foil pouch containing the desiccant pack and reseal along the entire edge of the zip-seal. Quality guaranteed for 1 month if stored at 2 - 8°C.

7. MATERIALS REQUIRED BUT NOT PROVIDED

- Calibrated micropipettes and disposable tips.
- Distilled or de-ionized water.
- Plate washer: automatic or manual.
- Polypropylene tubes.
- Calibrated ELISA plate reader capable of measuring absorbance at 450 nm.
- Adhesive covers can be ordered separately. Please contact your local distributor.
- Centrifuge for 1 ml tubes.

8. WARNINGS AND PRECAUTIONS

- For research use only, not for diagnostic or therapeutic use.
- This kit should only be used by qualified laboratory staff.
- Do not under any circumstances add sodium azide as preservative to any of the components.
- Do not use kit components beyond the expiration date.
- Do not mix reagents from different kits and lots. The reagents have been standardized as a unit for a given lot. Use only the reagents supplied by manufacturer.
- The assay has been optimized for the indicated standard range. Do not change the standard range.
- Open vials carefully: vials are under vacuum.
- It is advised to spin down streptavidin-peroxidase tubes before use.
- Do not ingest any of the kit components.
- Kit reagents contain 2-chloroacetamide as a preservative. 2-Chloroacetamide is harmful in contact with skin and toxic if swallowed. In case of accident or if you feel unwell, seek medical advice immediately.
- The TMB substrate is light sensitive, keep away from bright light. The solution should be colorless until use.
- The stop solution contains 2% oxalic acid and can cause irritation or burns to respiratory system, skin and eyes. Direct contact with skin and eyes should be strictly avoided. If contact occurs, rinse immediately with plenty of water and seek medical advice.
- Incubation times, incubation temperature and pipetting volumes other than those specified may give erroneous results.
- Do not reuse microwells or pour reagents back into their bottles once dispensed.
- Handle all biological samples as potentially hazardous and capable of transmitting diseases.
- Hemolyzed, hyperlipemic, heat-treated or contaminated samples may give erroneous results.
- Use polypropylene tubes for preparation of standard and samples. Do not use polystyrene tubes or sample plates.
- The standard is of human origin. It was tested for various viruses and found negative. Since no test method can offer complete assurance that infectious agents are absent, this reagent should be handled as any potentially infectious human serum or blood specimen. Handle all materials in contact with this reagent according to guide-lines for prevention of transmission of blood-borne infections.

9. PREPARATION OF REAGENTS

Allow all the reagents to equilibrate to room temperature (20 – 25°C) prior to use. Return to proper storage conditions immediately after use.

Plate activation buffer

Prepare plate activation buffer by mixing 6 ml of 5x plate activation buffer with 24 ml of distilled or de-ionized water, which is enough for 2 x 96 tests. In case less tests are required, prepare the desired volume by diluting 1 part of the 5x plate activation buffer with 4 parts of distilled or de-ionized water.

Wash buffer

Prepare wash buffer by mixing 30 ml of 40x wash buffer with 1170 ml of distilled or de-ionized water, which is sufficient for 2 x 96 tests. In case less volume is required, prepare the desired volume of wash buffer by diluting 1 part of the 40x wash buffer with 39 parts of distilled or de-ionized water.

Dilution buffer

Prepare dilution buffer by mixing 6 ml of the 10x dilution buffer with 54 ml of distilled or de-ionized water, which is sufficient for 2 x 96 tests. In case less volume is required, prepare the desired volume of dilution buffer by diluting 1 part of the 10x dilution buffer with 9 parts of distilled or de-ionized water. Concentrated dilution buffer may contain crystals. In case the crystals do not disappear at room temperature within 1 hour, concentrated dilution buffer can be warmed up to 37°C. Do not shake the solution.

Standard solution

The standard is reconstituted by pipetting the amount of Binding buffer mentioned on the CoA in the standard vial. Use the standard vial as Tube 1 in Figure 1. Prepare each human MBL standard in polypropylene tubes by serial dilution of the reconstituted standard with Binding buffer as shown in Figure 1*. After reconstitution the standard cannot be stored for repeated use.

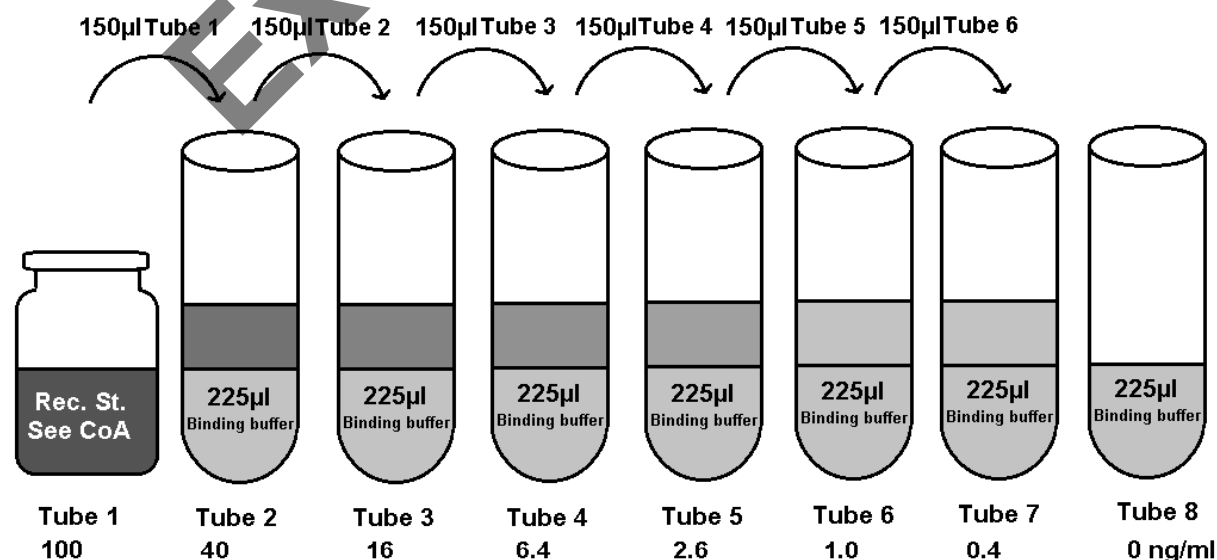


Figure 1

*) CoA: Certificate of Analysis, Rec. St: Reconstituted Standard

Tracer solution

The tracer is reconstituted by pipetting 1 ml distilled or de-ionized water. Dilute the reconstituted 1 ml tracer with 11 ml dilution buffer, which is sufficient for 1 x 96 tests. Where less volume is required, prepare the desired volume of tracer by diluting 1 part of the reconstituted tracer with 11 parts of dilution buffer.

Streptavidin-peroxidase solution

It is advised to spin down streptavidin-peroxidase tubes before use. Prepare the streptavidin-peroxidase solution by mixing 0.25 ml of the 100x streptavidin-peroxidase solution with 24.75 ml dilution buffer, which is sufficient for 2 x 96 tests. In case less volume is required, prepare the desired volume of streptavidin-peroxidase solution by diluting 1 part of the 100x streptavidin-peroxidase solution with 99 parts of dilution buffer.

10. PREPARATION OF SAMPLES

Collection and handling

Serum or plasma

Collect blood using normal aseptic techniques. Blood samples should be kept on ice. If serum is used, separate serum from blood after clotting at room temperature within 1 hour by centrifugation (1500xg at 4°C for 15 min). Transfer the serum to a fresh polypropylene tube.

If plasma is used, separate plasma from blood within 20 minutes after blood sampling by centrifugation (1500xg at 4°C for 15 min). Transfer the plasma to a fresh polypropylene tube.

Most reliable results are obtained if heparin or citrate plasma is used. EDTA plasma is not recommended.

Storage

Store samples below -20°C, preferably at -70°C in polypropylene tubes. Storage at -20°C can affect recovery of human MBL. Use samples within 24 hours after thawing. Avoid multiple freeze-thaw cycles which may cause loss of human MBL activity and give erroneous results.

Do not use hemolyzed, hyperlipemic, heat-treated or contaminated samples.

Before performing the assay, samples should be brought to room temperature (18 – 25°C) and mixed gently. Prepare all samples (controls and test samples) prior to starting the assay procedure. Avoid foaming.

Dilution procedures

Serum or plasma samples

For accurate measurement of human MBL, we suggest an initial screening for serum and plasma samples at a dilution of 1/50 and 1/100, with supplied Binding buffer in polypropylene tubes, for most samples. This can be followed by reassay of out-of-range

samples at lower or higher dilution. Note that most reliable results are obtained with heparin or citrate plasma. EDTA plasma is not recommended.

Remark regarding recommended sample dilution

The mentioned dilution for samples is a minimum dilution and should be used as a guideline. The recovery of human MBL from an undiluted sample is not 100% and may vary from sample to sample. When testing less diluted samples it is advisable to run recovery experiments to determine the influence of the matrix on the detection of human MBL.

Do not use polystyrene tubes or sample plates for preparation or dilution of the samples.

Example Version

11. ASSAY PROCEDURE

Bring all reagents to room temperature (20 - 25°C) before use.

1. Determine the number of test wells required, put the necessary microwell strips into the supplied frame, and fill out the data collection sheet. Return the unused strips to the storage bag with desiccant, seal and store at 2 - 8°C.
2. Transfer 150 µl of diluted plate activation buffer to the assigned wells. Do not touch the side or the top of the wells.
3. Cover the tray and tap the tray to eliminate any air bubbles trapped in the wells. Be careful not to splash liquid onto the cover.
4. Incubate the tray for 30 minutes at 37°C
5. Wash the plates 4 times with wash buffer using a plate washer or as follows*:
 - a. Carefully remove the cover, avoid splashing.
 - b. Empty the plate by inverting plate and shaking contents out over the sink, keep inverted and tap dry on a thick layer of tissues.
 - c. Add 200 µl of wash buffer to each well, wait 20 seconds, empty the plate as described in 5b.
 - d. Repeat the washing procedure 5b/5c three times.
 - e. Empty the plate and gently tap on thick layer of tissues.
6. Transfer 100 µl in duplicate of standard, samples, or controls into appropriate wells. Do not touch the side or the top of the wells.
7. Cover the tray and tap the tray to eliminate any air bubbles. Be careful not to splash liquid onto the cover.
8. Incubate the strips or plate for 1 hour at 37°C.
9. Repeat the wash procedure described in step 5.
10. Add 100 µl of diluted tracer to each well, using the same pipetting order as applied in step 6. Do not touch the side or bottom of the wells.
11. Cover the tray and incubate the tray for 1 hour at room temperature.
12. Repeat the wash procedure described in step 5.
13. Add 100 µl of diluted streptavidin-peroxidase to each well, using the same pipetting order as applied in step 6. Do not touch the side or bottom of the wells.
14. Cover the tray and incubate the tray for 1 hour at room temperature.
15. Repeat the wash procedure described in step 5.
16. Add 100 µl of TMB substrate to each well, using the same pipetting order as applied in step 6. Do not touch the side or bottom of the wells.
17. Cover the tray and incubate the tray for 30 minutes at room temperature. It is advised to control the reaction on the plate regularly. In case of strong development the TMB reaction can be stopped sooner. Avoid exposing the microwell strips to direct sunlight. Covering the plate with aluminium foil is recommended.
18. Stop the reaction by adding 100 µl of stop solution with the same sequence and timing as used in step 16. Gently tap the tray to mix the solution and to eliminate air bubbles trapped in the wells.
19. Read the plate within 30 minutes after addition of stop solution at 450 nm using a plate reader, following the instructions provided by the instruments manufacturer.

*) In case plate washer is used, please note: use of a plate washer can result in higher background and decrease in sensitivity. We advise validation of the plate washer with the manual procedure.

Make sure the plate washer is used as specified for the manual method.

12. CALCULATIONS

- Calculate the mean absorbance for each set of duplicate standards, control and samples.
- If individual absorbance values differ by more than 15% from the corresponding mean value, the result is considered suspect and the sample should be retested.
- The mean absorbance of the zero standard should be less than 0.3.
- Create a standard curve using computer software capable of generating a good curve fit. The mean absorbance for each standard concentration is plotted on the vertical (Y) axis versus the corresponding concentration on the horizontal (X) axis (logarithmic scale).
- If samples have been diluted, the concentration read from the standard curve must be multiplied by the dilution factor.
- Samples that give a mean absorbance above the absorbance for the highest standard concentration are out of range of the assay. These samples should be retested at a higher dilution.

13. QUALITY CONTROL

The Certificate of Analysis is lot specific and is to be used to verify results obtained by your laboratory. The absorption values provided on the Certificate of Analysis are to be used as a guideline only. The results obtained by your laboratory may differ.

This assay is designed to eliminate interference by soluble receptors, binding proteins, and other factors present in biological samples. Until all factors have been tested in the BioVendor immunoassay, the possibility of interference cannot be excluded.

For optimal performance of this kit, it is advised to work according to good laboratory practice.

14. TROUBLESHOOTING

Warranty claims and complaints in respect of deficiencies must be logged before expiry date of the product. A written complaint containing lot number of the product and experimental data should be sent to info@biovendor.com.

Suggestions summarized below in Table 3 can be used as a guideline in the case of unexpected assay results.

Low absorbance	High absorbance	Poor duplicates	All wells positive	All wells negative	Possible cause
•	•		•	•	Kit materials or reagents are contaminated or expired
•					Incorrect reagents used
•		•	•		Lyophilized reagents are not properly reconstituted
•	•	•	•	•	Incorrect dilutions or pipetting errors
•		•			Improper plastics used for preparation of standard and/or samples
•	•				Improper incubation times or temperature
		•			Especially in case of 37°C incubation: plates are not incubated uniformly
•					Assay performed before reagents were brought to room temperature
•	•	•	•	•	Procedure not followed correctly
				•	Omission of a reagent or a step
		•			Poor mixing of samples
	•		•		Low purity of water
	•	•			Strips were kept dry for too long during/after washing
	•	•	•		Inefficient washing










Low absorbance	High absorbance	Poor duplicates	All wells positive	All wells negative	Possible cause
	•	•			Cross-contamination from other samples or positive control
		•	•		TMB solution is not clear or colorless
•	•				Wrong filter in the microtiter reader
	•	•			Airbubbles
		•			Imprecise sealing of the plate after use
•					Wrong storage conditions
•					Lamp in microplate reader is not functioning optimally

Table 3

15. REFERENCES

1. Kirkpatrick, B et al; Serum mannose-binding lectin deficiency is associated with cryptosporidiosis in young Haitian children. *Clin Infect Dis* 2006, *43*: 289
2. Druszczynska, M et al; Tuberculosis bacilli still posing a threat. Polymorphism of genes regulating anti-mycobacterial properties of macrophages. *Pol J Microbiol* 2006, *55*: 7
3. Wang, X et al; Mannose-binding lectin gene polymorphisms and the development of coal workers pneumoconiosis in Japan. *Am J Ind Med* 2008, *51*: 548
4. Ribeiro, L et al; Serum mannose-binding lectin levels are linked with respiratory syncytial virus (RSV) disease. *J clin immunol* 2008, *28*: 166
5. Koutsounaki, E et al; Mannose-binding lectin *MBL2* gene polymorphisms and the outcome of hepatitis C virus-infected patients. *J Clin Immunol* 2008, *28*: 495
6. Satomura, A et al; Functional Mannose-Binding Lectin Levels in Patients with End-Stage Renal Disease on Maintenance Hemodialysis. *J Innate Immun* 2012
7. Tao, R et al; Genetic polymorphisms and serum levels of mannose-binding lectin in Chinese pediatric patients with common infectious diseases. *Int J Infect Dis* 2012
8. Marrón-Liñares, G et al; Polymorphisms in genes related to the complement system and antibody-mediated cardiac allograft rejection. *J Heart Lung Trans* 2018, *37*:477

16. EXPLANATION OF SYMBOLS

	Catalogue number
	Batch code
	Caution
	Use by date
	Temperature limit
	Manufacturer
 www.biovendor.com	Read electronic instructions for use - eIFU
	The content is sufficient for 96 tests
	Biological risks



BioVendor – Laboratorní medicína a.s.
Karásek 1767/1, 621 00 Brno, Czech Republic
+420 549 124 185
info@biovendor.com
sales@biovendor.com
www.biovendor.com

Example Version

