BioVendor Group

ENG

Product Data Sheet:

HUMAN BACTERICIDAL PERMEABILITY-INCREASING PROTEIN (BPI) ELISA

Catalogue number:

RHK314-01R

RHK314-02R

For research use only!

BioVendor R&D

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

CONTENTS

1. INTENDED USE

The human BPI ELISA kit is to be used for the *in vitro* quantitative determination of human BPI in cell culture medium, plasma, wound fluid and bronchoalveolar lavage fluid. 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

The antimicrobial protein BPI (Bactericidal Permeability Increasing protein) is a 55 kDa protein found in the primary (azurophilic) granules of human neutrophils and has also been detected on surface of neutrophils, small intestinal and oral epithelial cells. BPI is a bactericidal compound that is present in polymorphonuclear cells (PMN) and in lower levels in the specific granules of eosinophils. BPI possesses high affinity toward the lipid A region of lipopolysaccharides (LPS) that comprise the outer leaflet of the gram-negative bacterial outer membrane. Binding of BPI to the lipid A moiety of LPS exerts multiple anti-infective activities against gram-negative bacteria: 1) cytotoxicity via sequential damage to bacterial outer and inner lipid membranes, 2) neutralization of gram-negative bacterial LPS, 3) opsonization of bacteria to enhance phagocytosis by neutrophils. Airway epithelial cells constitutively express the BPI gene and produce the BPI protein and, therefore, BPI may be a critical determinant in the development of LPS-triggered airway disease. Inflammation induced by LPS possibly contributes to the development of rapid airflow decline, a serious and often fatal complication of hematopoietic cell transplantation.

In plasma of healthy individuals BPI is present at levels of < 0.5 ng/ml, which increases approximately 10-fold during acute phase responses.

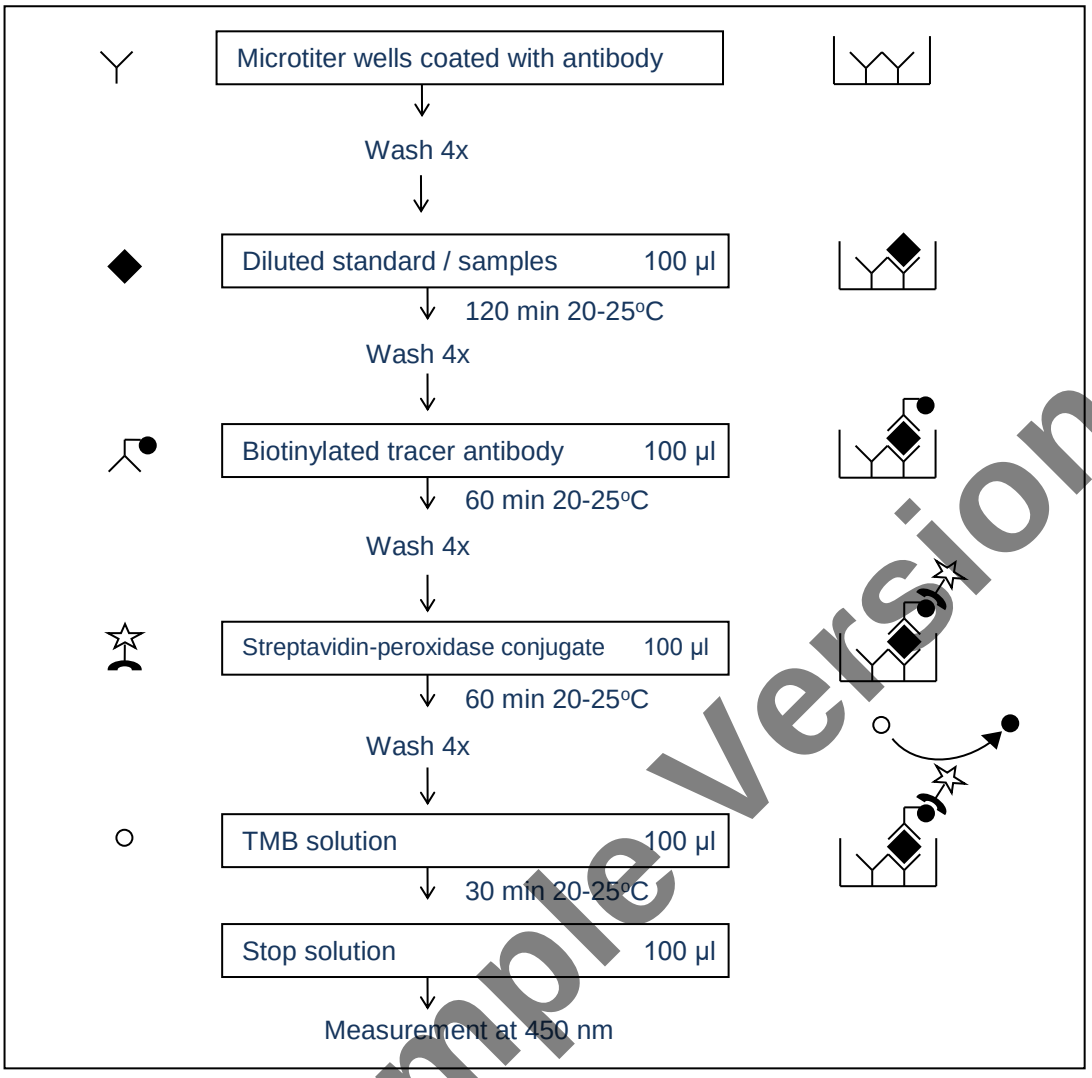
3. KIT FEATURES

- Working time of 4½ hours.
- Minimum concentration which can be measured is 256 pg/ml.
- Standard concentration range of 102 to 25,000 pg/ml.

Cross-reactivity

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

4. TEST PRINCIPLE



- The human BPI ELISA is a ready-to-use solid-phase enzyme-linked immunosorbent assay based on the sandwich principle with a working time of 4½ hours.
- The efficient format of a plate with twelve disposable 8-well strips allows free choice of batch size for the assay.
- Samples and standards are incubated in microtiter wells coated with antibodies recognizing human BPI.
- Biotinylated tracer antibody will bind to captured human BPI.
- 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 standards (log).
- The human BPI 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. Remainders 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.

6. REAGENT SUPPLIED

Kit component	Quantity RHK314-01R	Quantity RHK314-02R	Color code
Wash/dilution buffer A 40x	1 vial (30 ml)	1 vial (30 ml)	Colorless
Wash/dilution buffer B 20x	1 vial (60 ml)	1 vial (60 ml)	Colorless
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, 0.25 ml in solution	1 tube, 0.25 ml 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 1

- 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 streptavidin-peroxidase in 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.
- Once reconstituted the standard is stable for 6 hours. The standard is single use. After reconstitution the standard 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.

Wash/dilution buffer

Dilute 40x concentrated wash/dilution buffer A by mixing 30 ml with 570 ml distilled or de-ionized water. Dilute 20x concentrated wash/dilution buffer B by mixing 60 ml with 540 ml distilled or de-ionized water. Finally combine both solutions equally and mix well. The wash/dilution buffer is sufficient for 2 x 96 tests.

In case less tests are required, prepare the required volume by dilution of 1 part 40x concentrated wash/dilution buffer A with 19 parts of distilled or de-ionized water and 1 part 20x concentrated wash/dilution buffer B with 9 parts of distilled or de-ionized water. Finally combine both solutions equally and mix well.

Standard solution

The standard is reconstituted by pipetting the amount of wash/dilution buffer mentioned on the CoA in the standard vial. Use the standard vial as Tube 1 in Figure 1. Prepare each BPI standard in polypropylene tubes by serial dilution of the reconstituted standard with binding buffer as shown in Figure 1*. After reconstitution the standard is stable for 6 hours and cannot be stored for repeated use.

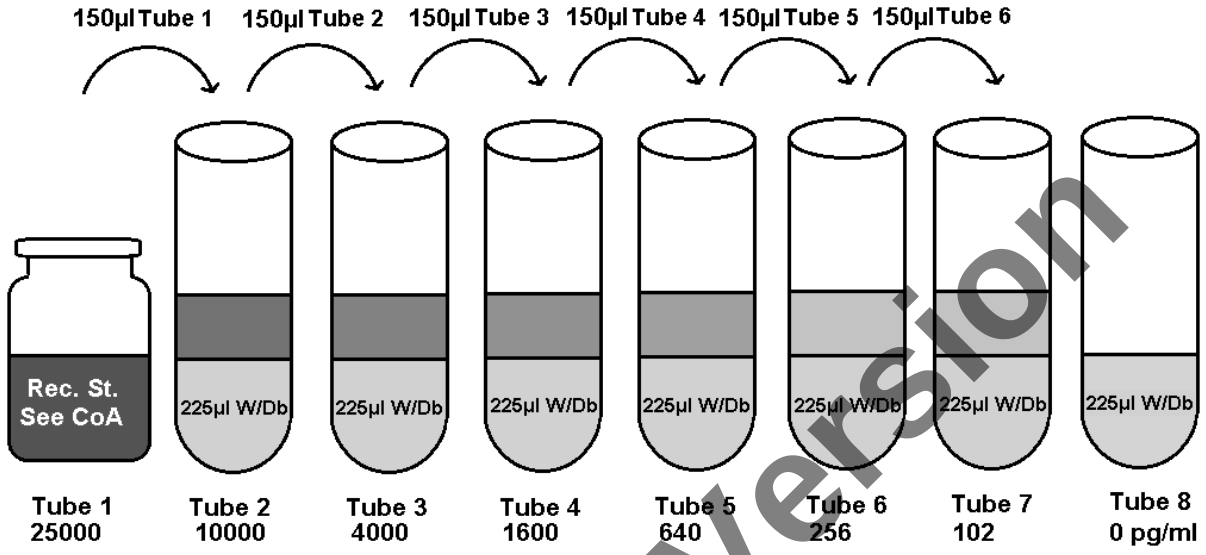


Figure 1

*) CoA: Certificate of Analysis, St.: Standard, W/Db: Wash/dilution buffer

Tracer solution

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

10. PREPARATION OF SAMPLES

Collection and handling

Serum or plasma

Please be aware that human BPI is released from neutrophils into serum in the process of blood coagulation. This will lead to false positive results. It is therefore advised to use ‘careful plasma’, which can be obtained as follows.

Keep freshly collected blood on ice. Within 20 minutes after blood sampling, separate plasma by centrifugation (1500xg at 4°C for 15 min). Remove plasma and transfer to fresh polypropylene tube. Be careful to not disturb white cells in the buffy coat. Recentrifuge the transferred plasma in order to avoid every contamination with white blood cells (1500xg at 4°C for 15 min).

Note that most reliable results are obtained with EDTA plasma.

Bronchoalveolar lavage fluid (BALF)

Perform BALF during bronchoscopy by standardized washing of the segment. Aspirate each aliquot of physiologic fluid immediately after inspiration. Discard the first aliquot of recovered BALF. Collect the BALF in polypropylene tubes and keep it on ice. Separate cells from BALF by centrifugation (500xg at 4°C for 5 min). Filter cell free BALF through a layer of gauze to remove mucus strands.

Wound fluid

Collect wound fluid directly out of the superficial wound or from drainage. Centrifuge the wound fluid to remove cells and debris (1500xg at 4°C for 15 min). Transfer wound fluid to a fresh polypropylene tube.

Storage

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

Human BPI can be measured accurately if serum or plasma samples are diluted at least 4x with supplied wash/dilution buffer in polypropylene tubes. Buffer contains 80 mM Mg^{2+} which abrogates the influence of LPS on BPI measurement.

Note that most reliable results are obtained with EDTA plasma.

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 BPI 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 BPI.

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

Guideline for dilution of samples

Please see the table below for recommended sample dilutions. Volumes are based on a total volume of at least 230 µl of diluted sample, which is sufficient for one sample in duplicate in the ELISA. For dilution of samples we recommend to use at least 10 µl of sample.

	Dilution	Pre-dilution	Amount of sample or pre-dilution required	Amount of Wash/Dilution buffer required
1.	10x	Not necessary	25 µl (sample)	225 µl
2.	20x	Not necessary	15 µl (sample)	285 µl
3.	50x	Not necessary	10 µl (sample)	490 µl
4.	100x	Not necessary	10 µl (sample)	990 µl
5.	500x	Recommended: 10x (see nr.1)	10 µl (pre-dilution)	490 µl
6.	1000x	Recommended: 10x (see nr.1)	10 µl (pre-dilution)	990 µl
7.	2000x	Recommended: 20x (see nr.2)	10 µl (pre-dilution)	990 µl
8.	5000x	Recommended: 50x (see nr.3)	10 µl (pre-dilution)	990 µl

Table 2

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. 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 2b.
   d. Repeat the washing procedure 2b/2c three times.
   e. Empty the plate and gently tap on thick layer of tissues.
3. Transfer 100 µl in duplicate of standard, samples, or controls into appropriate wells. Do not touch the side or bottom of the wells.
4. Cover the tray and tap the tray to eliminate any air bubbles. Be careful not to splash liquid onto the cover.
5. Incubate the strips or plate for 2 hours at room temperature.
6. Repeat the wash procedure described in step 2.
7. Add 100 µl of diluted tracer to each well using the same pipetting order as applied in step 3. Do not touch the side or bottom of the wells.
8. Cover the tray and incubate the tray for 1 hour at room temperature.
9. Repeat the wash procedure described in step 2.
10. Add 100 µl of diluted streptavidin-peroxidase to each well, using the same pipetting order as applied in step 2. 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 2.
13. Add 100 µl of TMB substrate to each well, using the same pipetting order as applied in step 3. Do not touch the side or bottom of the wells.
14. 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.
15. Stop the reaction by adding 100 µl of stop solution with the same sequence and timing as used in step 13. Mix solutions in the wells thoroughly by gently swirling the plate. Gently tap the tray to eliminate any air bubbles trapped in the wells.
16. Read the plate within 30 minutes after addition of stop solution at 450 nm using a plate reader, following the instructions provided by the instrument's 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 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

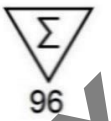
Low absorbance	High absorbance	Poor duplicates	All wells positive	All wells negative	Possible cause
	•	•			Cross-contamination from other samples or positive control
		•	•		TMB solution is not clear or colorless
•	•				Wrong filter in the microtiter reader
	•	•			Airbubbles
		•			Imprecise sealing of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

Table 3

15. REFERENCES

1. Espinoza, J et al; Antimicrobial peptides in amniotic fluid: defensins, calprotectin and bacterial/permeability-increasing protein in patients with microbial invasion of the amniotic cavity, intra-amniotic inflammation, preterm labor and premature rupture of membranes. J Matern Fetal Neonatal Med 2003, *13*: 2
2. Maris, N et al; Antiinflammatory effects of salmeterol after inhalation of lipopolysaccharide by healthy volunteers. Am J Respir Crit Care Med 2005, *172*: 878
3. Gubern, C et al; Natural antibiotics and insulin sensitivity, the role of bactericidal/permeability-increasing protein. Diabetes 2006, *55*: 216
4. Manco, M et al; Effect of massive weight loss on inflammatory adipocytokines and the innate immune system in morbidly obese women. J Clin Endocrinol Metab 2007, *92*: 483
5. Strunk, T et al; Reduced levels of antimicrobial proteins and peptides in human cord blood plasma. Arch Dis Child Fetal Neonatal Ed 2009, *94*: F230

16. EXPLANATION OF SYMBOLS

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

FOLLOW US

BIOVENDOR. GROU P

BioVendor R&D®

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