

ENG

Instructions for Use:
TESTOSTERONE FREE, ELISA

Catalogue number:
RCD016R

For research use only!

 **BioVendor**
R&D[®]



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HISTORY OF CHANGES

Previous version	Current version
ENG.003.A	ENG.004.A
PDS (Product Data Sheet)	IFU (Instructions for Use)
A symbol indicating the manufacturer added.	
Chapter 14.4.2: change values in table.	
Chapter 14.5: change values in table.	

1. INTENDED USE

For the direct quantitative determination of Free Testosterone by enzyme immunoassay in human serum.

2. PRINCIPLE OF THE TEST

The principle of the following enzyme immunoassay test follows the typical competitive binding scenario. Competition occurs between an unlabeled antigen (present in standards, controls and patient samples) and an enzyme-labelled antigen (conjugate) for a limited number of antibody binding sites on the microwell plate. The washing and decanting procedures remove unbound materials. After the washing step, the enzyme substrate is added. The enzymatic reaction is terminated by addition of the stopping solution. The absorbance is measured on a microtiter plate reader. The intensity of the colour formed is inversely proportional to the concentration of free testosterone in the sample. A set of standards is used to plot a standard curve from which the amount of free testosterone in patient samples and controls can be directly read.

The BIOVENDOR free testosterone kit utilizes a highly specific rabbit anti-testosterone polyclonal antibody at a low binding capacity ($K_{eq} \times$ concentration) to keep minimum disturbances of the testosterone-protein equilibrium. The other components in the test system are also optimized in order to not alter the original free testosterone concentration.

3. INTRODUCTION

Testosterone is a C-19 steroid secreted from the testis and the adrenal cortex in men and from the adrenal cortex and ovaries in women. Testosterone is also produced by peripheral tissues from androstenedione, which is of little physiological significance in men, however in women about half of the circulating testosterone is derived from this origin. Testosterone measurements are used mainly for clinical evaluation of hypogonadism in males and hyperandrogenic states in females.

Testosterone circulates in the blood bound to three proteins: sex hormone binding globulin (60-80%), albumin and cortisol binding globulin. Only about 1-2% of the total circulating testosterone remains unbound or free. Even though it is still under investigation, most researchers accept the free testosterone determination as a measure of the biologically active fraction. Free testosterone determinations are recommended to overcome the influences caused by variations in transport proteins on the total testosterone concentration.

4. PROCEDURAL CAUTIONS AND WARNINGS

1. Users should have a thorough understanding of this protocol for the successful use of this kit. Reliable performance will only be attained by strict and careful adherence to the instructions provided.
2. Control materials or serum pools should be included in every run at a high and low level for assessing the reliability of results.
3. When the use of water is specified for dilution or reconstitution, use deionized or distilled water.
4. In order to reduce exposure to potentially harmful substances, gloves should be worn when handling kit reagents and human specimens.
5. All kit reagents and specimens should be brought to room temperature and mixed gently but thoroughly before use. Avoid repeated freezing and thawing of reagents and specimens.
6. A calibrator curve must be established for every run.
7. The kit controls should be included in every run and fall within established confidence limits.
8. Improper procedural techniques, imprecise pipetting, incomplete washing as well as improper reagent storage may be indicated when assay values for the controls do not reflect established ranges.
9. When reading the microplate, the presence of bubbles in the microwells will affect the optical densities (ODs). Carefully remove any bubbles before performing the reading step.
10. The substrate solution (TMB) is sensitive to light and should remain colourless if properly stored. Instability or contamination may be indicated by the development of a blue colour, in which case it should not be used.
11. When dispensing the substrate and stopping solution, do not use pipettes in which these liquids will come into contact with any metal parts.
12. To prevent contamination of reagents, use a new disposable pipette tip for dispensing each reagent, sample, standard and control.
13. Do not mix various lot numbers of kit components within a test and do not use any component beyond the expiration date printed on the label.
14. Kit reagents must be regarded as hazardous waste and disposed of according to national regulations.

5. LIMITATIONS

1. All the reagents within the kit are calibrated for the direct determination of free testosterone in human serum. The kit is not calibrated for the determination of free testosterone in other specimens of human or animal origin.
2. Do not use grossly hemolyzed, grossly lipemic, icteric or improperly stored serum.
3. Any samples or control sera containing azide or thimerosal are not compatible with this kit, as they may lead to false results.
4. Samples reading higher than 60 pg/mL should not be diluted. Dilution will alter the equilibrium between free testosterone and serum proteins.
5. The results obtained with this kit should never be used as the sole basis for clinical diagnosis. For example, the occurrence of heterophilic antibodies in patients regularly exposed to animals or animal products has the potential of causing interferences in immunological tests. Consequently, the clinical diagnosis should include all aspects of a patient's background including the frequency of exposure to animals/products if false results are suspected.

6. SAFETY CAUTIONS AND WARNINGS

6.1 Potential biohazardous material

Human serum that may be used in the preparation of the standards and controls has been tested and found to be non-reactive for Hepatitis B surface antigen and has also been tested for the presence of antibodies to HCV and Human Immunodeficiency Virus (HIV) and found to be negative. However no test method can offer complete assurance that HIV, HCV and Hepatitis B virus or any infectious agents are absent. The reagents should be considered a potential biohazard and handled with the same precautions as applied to any blood specimen.

6.2 Chemical hazards

Avoid contact with reagents containing TMB, hydrogen peroxide and sulfuric acid. If contacted with any of these reagents, wash with plenty of water. TMB is a suspected carcinogen.

7. SPECIMEN COLLECTION AND STORAGE

Approximately 0.1 mL of serum is required per duplicate determination. Collect 4-5 mL of blood into an appropriately labelled tube and allow it to clot. Centrifuge and carefully remove the serum layer. Store at 4°C for up to 24 hours or at -10°C or lower if the analyses are to be done at a later date. Consider all human specimens as possible biohazardous materials and take appropriate precautions when handling.

7.1 Specimen pretreatment

This assay is a direct system; no specimen pretreatment is necessary.

8. REAGENTS AND EQUIPMENT NEEDED BUT NOT PROVIDED

- Precision pipettes to dispense 25, 50, 100, 150 and 350 μ l
- Disposable pipette tips
- Distilled or deionized water
- A 37°C incubator
- Microwell plate reader with a filter set at 450 nm and an upper OD limit of 3.0 or greater* (see assay procedure step 10).

9. REAGENTS PROVIDED

9.1 Testosterone Antibody Coated Microwell Plate-Break Apart Wells

Ready To Use.

Contents: One 96 well (12x8) polyclonal antibody-coated microwell plate in a resealable pouch with desiccant.

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

9.2 Free Testosterone-Horseradish Peroxidase (HRP) Conjugate Concentrate (50x)

Contents: Free Testosterone-HRP conjugate in a protein-based buffer with a non-mercury preservative

Volume: 300 µl/vial

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

Preparation: Dilute 1:50 in assay buffer before use (eg. 40 µL of HRP in 2 mL of assay buffer). If the whole plate is to be used dilute 240 µL of HRP in 12mL of assay buffer. Discard any that is left over.

9.3 Free Testosterone Calibrators

Ready To Use.

Contents: Six vials containing testosterone in a human serum-based buffer with a non-mercury preservative. Prepared by spiking serum with a precise quantity of testosterone equivalent to approximately 0, 0.1, 1, 5, 20 and 60 pg/mL of free testosterone.

*Listed below are approximate concentrations, please refer to Quality Control Sheet for exact concentrations.

Calibrator	Concentration	Volume
Calibrator A	0 pg/mL	0.5 ml
Calibrator B	0.1 pg/mL	0.5 ml
Calibrator C	1 pg/mL	0.5 ml
Calibrator D	5 pg/mL	0.5 ml
Calibrator E	20 pg/mL	0.5 ml
Calibrator F	0 pg/ml	0.5 ml

Storage: Refrigerate at 2-8°C

Stability: 12 months in unopened vials or as indicated on label. Once opened, the standards should be used within 14 days or aliquoted and stored frozen. Avoid multiple freezing and thawing cycles.

9.4 Controls

Ready To Use.

Contents: Two vials containing testosterone in a human serum-based buffer with a non-mercury preservative. Prepared by spiking serum with precise quantities of testosterone. Refer to Quality Control Sheet for the acceptable range.

Volume: 0.5 ml/vial

Storage: Refrigerate at 2-8°C

Stability: 12 months in unopened vial or as indicated on label. Once opened, the controls should be used within 14 days or aliquoted and stored frozen. Avoid multiple freezing and thawing cycles.

9.5 Wash Buffer Concentrate (10x)

Requires Preparation.

Contents: One bottle containing buffer with a non-ionic detergent and a non-mercury preservative.

Volume: 50 ml/bottle

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

Preparation: Dilute 1:10 in distilled or deionized water before use. If the whole plate is to be used dilute 50 ml of the wash buffer concentrate in 450 ml of water.

9.6 Assay Buffer

Ready To Use.

Contents: One vial containing a protein-based buffer with a non-mercury preservative.

Volume: 15 ml/vial

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

9.7 TMB Substrate

Ready To Use.

Contents: One bottle containing tetramethylbenzidine and hydrogen peroxide in a non-DMF or DMSO containing buffer.

Volume: 16 ml/bottle

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

9.8 Stopping Solution

Ready To Use.

Contents: One vial containing 1M sulfuric acid.

Volume: 6 ml/vial

Storage: Refrigerate at 2-8°C

Stability: 12 months or as indicated on label.

10. ASSAY PROCEDURE

All reagents must reach room temperature before use. Calibrators, controls and specimen samples should be assayed in duplicate. Once the procedure has been started, all steps should be completed without interruption

1. Prepare working solutions of the free testosterone-HRP conjugate and wash buffer
2. Remove the required number of microwell strips. Reseal the bag and return any unused strips to the refrigerator.
3. Pipette 25 μ l of each calibrator, control and specimen sample into correspondingly labeled wells in duplicate.
4. Pipette 100 μ l of the conjugate working solution into each well (We recommend using a multichannel pipette).
5. Gently shake the plate for 10 seconds.
6. Incubate the plate at 37°C for 1 hour.
7. Wash wells 3 times with 350 μ L of diluted wash buffer per well and tap the plate firmly against absorbent paper to ensure that it is dry.(The use of a washer is recommended).
8. Pipette 150 μ L of TMB substrate into each well at timed intervals.
9. Incubate the plate at 37°C for 10-15 minutes (or until calibrator A attains dark blue colour for desired OD).
10. Pipette 50 μ l of stopping solution into each well at the same timed intervals as in step 8.
11. Read the plate on a microwell plate reader at 450 nm within 20 minutes after addition of the stopping solution.

* If the OD exceeds the upper limit of detection or if a 450 nm filter is unavailable, a 405 or 415 nm filter may be substituted. The optical densities will be lower, however, this will not affect the results of patient/control samples.

11. CALCULATIONS

1. Calculate the mean optical density of each calibrator duplicate.
2. Draw a calibrator curve on semi-log paper with the mean optical densities on the Y-axis and the calibrator concentrations on the X-axis. If immunoassay software is being used, a 4-parameter or 5-parameter curve is recommended.
3. Calculate the mean optical density of each unknown duplicate.
4. Read the values of the unknowns directly off the calibrator curve.

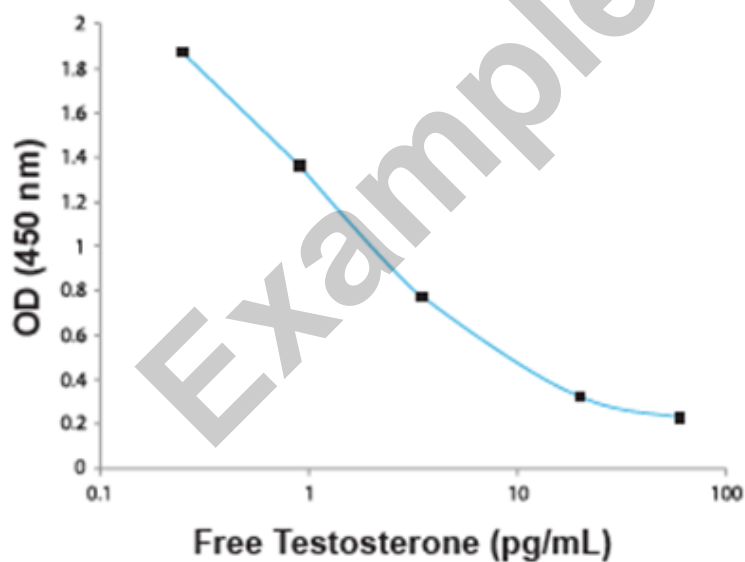
12. TYPICAL TABULATED DATA

Sample data only. **Do not** use to calculate results.

Calibrator	Mean OD (450 nm)	Value (pg/mL)
A	2.292	0
B	1.680	0.1
C	1.181	1
D	0.780	5
E	0.426	20
F	0.214	60
Unknown	1.066	1.59
Unknown	0.441	19.6

13. TYPICAL CALIBRATOR CURVE

Sample curve only. **Do not** use to calculate results.



14. PERFORMANCE CHARACTERISTICS

14.1 Sensitivity

The limit of detection (LoD) was determined from the analysis of 64 replicates of a low value sample and from the LoB. $LoD = LoB + 1.645\sigma_S$, where σ_S is the standard deviation of the low value sample. σ_S was determined to be 0.0093 based on 64 measurements of a low value sample. $LoD = 0.0025 + (1.645 \times 0.0093) = 0.018$ pg/mL.

14.2 Comparative Studies

The BioVendor Free Testosterone ELISA Kit (y) was compared with a competitor's Free Testosterone Coated Tube RIA Kit (x). The comparison of 60 serum samples yielded the following linear regression results:

$$y(\text{BioVendor}) = 0.9362x(\text{competitor}) + 3.8794, r = 0.97$$

14.3 Specificity (Cross-Reactivity)

The following compounds were tested for cross-reactivity with the BioVendor Free Testosterone ELISA kit with testosterone cross-reacting at 100%.

Steroid	%Cross Reactivity
Testosterone	100
5 α -DHT	3.5
Androstenedione	0.17
Progesterone	0.007
Androsterone	0.075
Aldosterone	<0.008
Cholesterol	<0.0001
Cortisone	0.0025
DHEA	0.071
DHEAS	0.0014
17 β -Estradiol	0.15
Estriol	<0.008
Pregnenolone	0.028

14.4 Precision

14.4.1 Intra-Assay

Five samples were assayed 24 times each on the same calibrator curve. The results (in pg/mL) are tabulated below:

Sample	Mean	CV%
1	2.24	6.7
2	3.81	6.4
3	13.6	6.0
4	13.7	5.9
5	23.7	4.8

14.4.2 Inter-Assay

Three samples were assayed twenty times in duplicate over a period of greater than ten days. The results (in pg/mL) are tabulated below:

Sample	Mean	CV%
1	3.53	8.1
2	13.8	11.5
3	23.3	6.9

14.5 Effect of sex hormone binding globulin (shbg)

The purpose of this study was to investigate a possible interference caused by the binding of SHBG to the free testosterone-HRP conjugate. A charcoal-stripped human serum pool was spiked precisely with SHBG at concentrations ranging from 6.25-200 µg/mL and was assayed with the BioVendor Free Testosterone ELISA Kit. Results tabulated below (in pg/mL):

SHBG Added	OD 450nm	Percent B/Bo (%)
0 µg/ml	2.37	100.0
6.25 µg/ml	2.37	99.9
12.5 µg/ml	2.34	98.7
50 µg/ml	2.36	99.5
200 µg/ml	2.27	95.6

The results showed % binding values between 95-100% (Bo=unspiked serum) even at higher than normal SHBG levels. In conclusion, the results showed that there was no significant binding by SHBG on the free testosterone – HRP conjugate.

15. REFERENCE VALUES





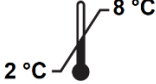




As for all clinical assays each laboratory should collect data and establish their own range of expected normal values. The results of an expected range study with apparently normal healthy subjects yielded the following results (all values are reported in pg/mL):

Cohort Group; Gender	N	95% Confidence Range	Absolute Range
Males/ < 13	44	-	ND-1.6
Males/ 13-19	37	-	ND-22.3
Males/ 20-39	120	9.1-32.2	-
Males/ 40-59	120	5.7-30.7	-
Males/ ≥ 60	120	5.9-27.0	-
Females/ < 13	63	-	ND-1.3
Females/ 13-19	17	-	0.2-2.0
Females/ 20-39	120	0.1-6.3	-
Females/ 40-59	120	0.2-4.1	-
Females/ ≥ 60	60	0.5-3.9	-

16. REFERENCES

1. Winter, S.J., et al., The Analog Free Testosterone Assay: Are the Results in Men Clinically Useful. *Clin. Chem.* 44 (10):2178-2182, 1998.
2. Ooi, D.S., et al., Establishing Reference Interval for DPC's Free Testosterone Radioimmunoassay. *Clin. Biochem.* 31(1):15-21, 1998.
3. Marcus, G.J., et al., A Simple Linked Immunoassay for Testosterone. *Steroids* 46:975, 1985.
4. Joshi, U.M., et al., A Sensitive Specific Enzyme Immunoassay for Serum Testosterone. *Steroids* 34:35, 1979.
5. Swinkels, L.M. J. et al., Salivary and Plasma Free Testosterone and Androstenedione Levels in Women. *Am. Clin. Biochem.* 25:354, 1988.
6. Swinkels, L.M.J., et al., A Symetric Dialysis Method for the Determination of Free Testosterone in Human Serum. *Clin. Chem. Acta* 165:341, 1987.
7. Ekins, R. Hirsutism: Free and Bound Testosterone. *Ann. Clin. Biochem* 27:91,1990.
8. Manni, A., et al., Bioavailability of Albumin-Bound Testosterone. *J. Clin. Endo. Metab.* 61:705, 1985.
9. Ekins, R. The Science of Free Testosterone Measurement. *Proc.UK NEQAS Meeting.* 3:35-39, 1998.
10. Longcope, C, et al., Free Estradiol, Free Testosterone and Sex Hormone Binding Globulin in Perimenopausal Women. *J. Clin. Endo. Metab.* 64:513, 1987.
11. Vermeulen, A., et al., The Apparent Free Testosterone Concentration: An Index of Androgenicity. *J. Clin. Endo. Metab.* 33:759, 1971.
12. Paulson, J.D., et al., Free Testosterone Concentration in Serum. Elevation is the Hallmark of Hirsutism. *Am. J. Obs. Gyneco.* 128:851, 1977.
13. Cumming D.C., et al., Non Sex Hormone Binding Globulin Bound Testosterone as a Marker for Hyperandrogenism. *J. Clin. Endo. Metab.* 61:873, 1985.
14. Baxendale, P.M., et al., Salivary Testosterone Relationship to Unbound Plasma Testosterone in Normal and Hypeandrogenic Women. *Clin. Endocrinol.* 16:595, 1982.
15. Biffignandi, P., et al., Female Hirsutism: Pathophysiological Considerations and Therapeutics Implications. *Endocrinol Rev.* 5:488, 1984.
16. Wu, C.H., Plasma Free and Protein-Bound Testosterone in Hirsutism. *Obstet. Gynecol.* 60:188, 1982.
17. Bamman B.L., et al., Total and Free Testosterone During Pregnancy. *Am. J. Obsetet. Gynecol.* 137:293:1980.
18. Halpern, E.P. et al., Production of Anti-Testosterone Antisera in Rabbits. *Clin. Chem.* 26:68, 1980.
19. Wheeler, M.J., The Determination of Bio-Available Testosterone. *Ann. Clin. Biochem.* 32:345, 1995.
20. Check, J.H., et al, Falsely Elevated Steroidal Assay Levels Related to Heterophile Antibodies Against Various Animal Species. *Gynecol. Obstet. Invest.* 40:139-140, 1995.

17. EXPLANATION OF SYMBOLS

	Catalogue number
	Batch code
	Caution
	Use by date
	Temperature limit
	Manufacturer
 <p data-bbox="256 1234 464 1256">www.biovendor.com</p>	Read electronic instructions for use - eIFU
	The content is sufficient for 96 tests
	Biological risks

A **B** **C** **D** **E** **F** **G** **H**



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