



HK316

HUMAN SLPI

ELISA KIT

PRODUCT INFORMATION

&

MANUAL

Read carefully prior to starting procedures!

ATTENTION

For use in laboratory research only

Not for clinical or diagnostic use

Note that this user protocol is not lot-specific and is representative for the current specifications of this product. Please consult the vial label and the certificate of quality control for information on specific lots. Also note that shipping conditions may differ from storage conditions.

For research use only. Not for use in or on humans or animals or for diagnostics. It is the responsibility of the user to comply with all local/state and federal rules in the use of this product. Hycult Biotech is not responsible for any patent infringements that might result from the use or derivation of this product.

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1. INTENDED USE

The human SLPI ELISA kit is to be used for the *in vitro* quantitative determination of human SLPI in serum, plasma, urine, sputum, BALF 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

Secretory leukocyte proteinase inhibitor (SLPI; also known as antileukoprotease or ALP) is a 11.7 kDa cationic inhibitor of neutrophil elastase and to a lesser extent of cathepsin G. It is locally produced by epithelial cells in the lung, skin and other organs and by PMN and (in mice) by macrophages. In addition to its proteinase inhibitory properties that may serve to protect against proteolytic injury, it was recently shown that SLPI also displays several other functions such as antimicrobial and anti-inflammatory activities. These appear to be independent of its ability to inhibit PMN serine proteinases. SLPI has also been demonstrated to display antibacterial and antifungal activity at concentrations in which SLPI is present in mucosal secretions including those of the lung. Another possible role for SLPI is inhibition of protein disulphide isomerase that is considered essential for invasion of a cell by the human Immunodeficiency Virus (HIV).

Serum/plasma and urine of healthy individuals contains 50-80 ng/ml and 4 ng/ml respectively. Sputum of healthy individuals contains approximately 66 µg/ml.

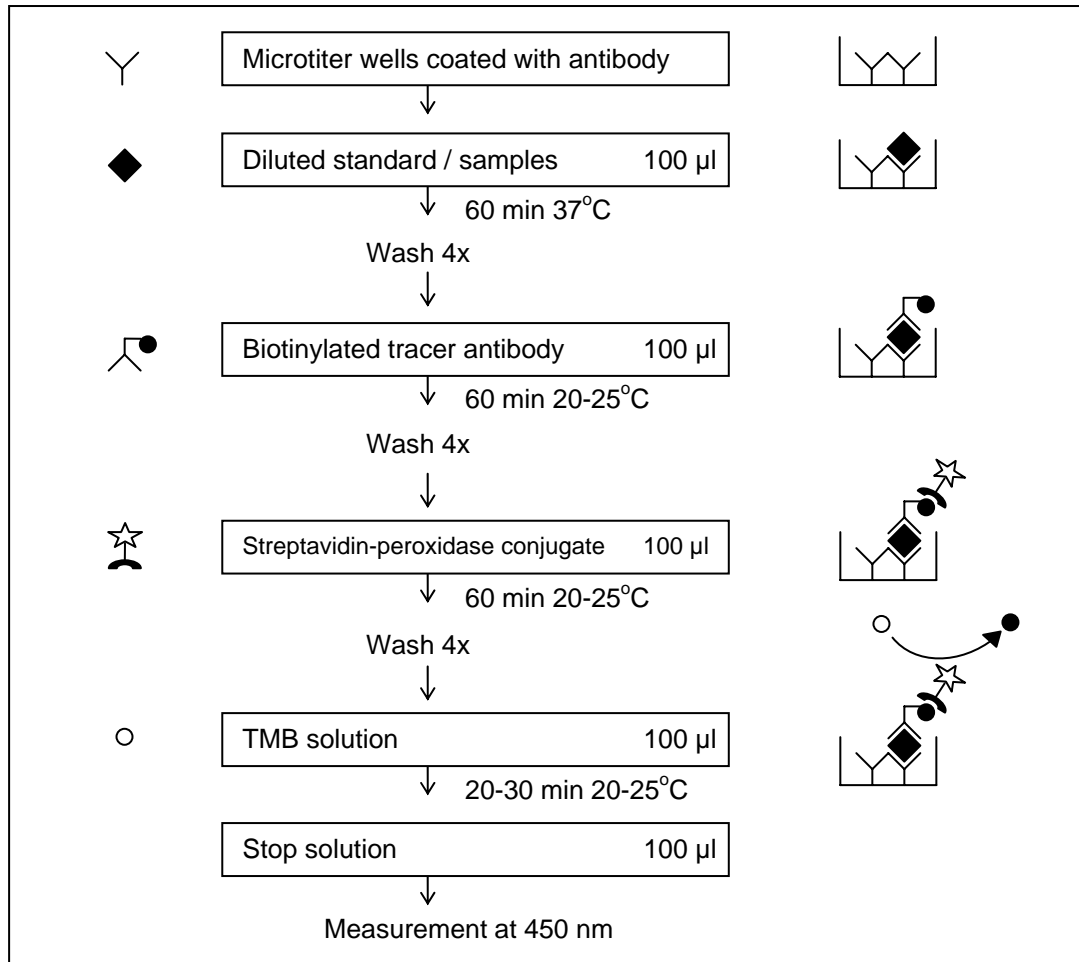
3. KIT FEATURES

- Working time of 3½ hours.
- Minimum concentration which can be measured is 20 pg/ml.
- Measurable concentration range of 20 to 5,000 pg/ml.
- Working volume of 100 µl/well.

Cross-reactivity

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

4. PROTOCOL OVERVIEW



- The human SLPI ELISA is a ready-to-use solid-phase enzyme-linked immunosorbent assay based on the sandwich principle with a working time of 3½ hours.
- The efficient format of 2 plates 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 SLPI.
- Biotinylated tracer antibody will bind to captured human SLPI.
- 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 SLPI standards (log).
- The human SLPI concentration of samples, which are run concurrently with the standards, can be determined from the standard curve.

5. KIT COMPONENTS AND STORAGE INSTRUCTIONS

Item no.	Kit component	Quantity	Color code
Vial 1	Wash buffer 40x	1 vial (20 ml)	Grey
Vial 2	Dilution buffer 10x	1 vial (15 ml)	Gold
Vial 3	Standard	2 vials, 0.5 ml lyophilized	Yellow
Vial 4	Tracer, biotinylated	2 vials, 1 ml lyophilized	Green
Vial 5	Streptavidin-peroxidase	1 vial, 1 ml lyophilized	Blue
Vial 6	TMB substrate	1 vial (20 ml)	Purple
Vial 7	Stop solution	1 vial (20 ml)	Red
Item 8	12 Microtiter strips, pre-coated	2 plates	
Item 9	Frame	1	
Item 10	Adhesive covers	4	
Item 11	Certificate of quality control	1	
Item 12	Manual	1	
Item 13	Data collection sheet	1	

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, tracer and streptavidin-peroxidase are stable in lyophilized form until the expiration date indicated on the kit label, if stored at 2 - 8°C.
- The exact concentration of the standard is indicated on the label of the vial and the certificate of quality control.
- After reconstitution the standard must be used within 60 minutes. For longer stability we recommend to store aliquots at -20°C. Stored at -20°C the standard will be stable for 1 month.
- Once reconstituted, tracer and streptavidin-peroxidase are stable for 1 month if stored at 2 - 8°C.
- 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 until expiration date if stored at 2 - 8°C.

Materials required but not provided

- Calibrated micropipettes and disposable tips.
- Distilled or de-ionized water.
- Plate washer: automatic or manual.
In case a plate washer is used the supplied wash buffer is not sufficient. Additional wash buffer can be ordered separately. Please contact your local distributor.
- Polypropylene tubes.
- Calibrated ELISA plate reader capable of measuring absorbance at 450 nm.

6. 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 add under any circumstances 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.
- Standard, tracer and streptavidin-peroxidase vials should be opened after reconstitution. Open vials carefully: vials are under vacuum.
- 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 advise 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 advise.
- 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.

7. SAMPLE PREPARATION

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 EDTA plasma is used.

Bronchoalveolar lavage fluid (BALF)

Perform BAL 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.

Urine

Collect urine using normal aseptic techniques. Centrifuge the urine to remove debris (1500xg at 4 °C for 15 min). Transfer urine to a fresh polypropylene tube.

Sputum

Drink plenty of fluid the night before collection. Sit upright to collect sputum of the first cough in the morning before eating. Rinse the mouth with plain water, do not brush teeth or use mouthwash before collecting of sputum. Take three good, deep breaths and cough deeply to bring up secretions (not saliva). Expectorate sputum directly into the container. Do not contaminate the rim of the container with sputum.

Storage

Store samples below -20°C, preferably at -70°C in polypropylene tubes. Storage at -20°C can affect recovery of human SLPI. Use samples within 24 hours after thawing. Avoid multiple freeze-thaw cycles which may cause loss of human SLPI 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 SLPI can be measured accurately if serum or plasma samples are diluted at least 10x with supplied dilution buffer in polypropylene tubes.

Note that most reliable results are obtained with EDTA plasma.

BALF samples

Species protein can be measured accurately if BALF samples are diluted at least 10x with supplied dilution buffer in polypropylene tubes.

Urine samples

Species protein can be measured accurately if urine samples are diluted at least 10x with supplied dilution buffer in polypropylene tubes.

Sputum

Species protein can be measured accurately if urine samples are diluted at least 50,000,000x with supplied dilution buffer in polypropylene tubes. Choose appropriate dilution based on expected concentration in sputum sample.

Remark regarding recommended sample dilution

The recommended dilution for samples should be used as a guideline. The recovery of human SLPI 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 SLPI.

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

8. REAGENT PREPARATION

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

Wash buffer

Prepare wash buffer by mixing 20 ml of 40x wash buffer with 780 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 10 ml of the 10x dilution buffer with 90 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 injection of 0.5 ml of distilled or de-ionized water. After reconstitution the standard must be used within 60 minutes. For longer stability we recommend to store aliquots at –20°C. Prepare each human SLPI standard in polypropylene tubes by serial dilution of the reconstituted standard with dilution buffer as shown in Table 2.

Tube	Volume dilution buffer	Volume standard	Concentration (pg/ml)
1	See certificate of quality control	150 µl vial 3	5000
2	225 µl	150 µl tube 1	2000
3	225 µl	150 µl tube 2	800
4	225 µl	150 µl tube 3	320
5	225 µl	150 µl tube 4	128
6	225 µl	150 µl tube 5	51
7	225 µl	150 µl tube 6	21
8	225 µl	-	0

Table 2

Tracer solution

The tracer is reconstituted by injection of 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. In case 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

The streptavidin-peroxidase is reconstituted by injection of 1 ml distilled or de-ionized water. Dilute the reconstituted 1 ml streptavidin-peroxidase with 23 ml dilution buffer, which is sufficient for 2 x 96 tests. In case less volume is desired, prepare the required volume of streptavidin-peroxidase solution by diluting 1 part of the reconstituted streptavidin-peroxidase with 23 parts of dilution buffer.

9. ELISA PROTOCOL

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 100 µl in duplicate of standard, samples, or controls into appropriate wells.
3. Apply an adhesive cover to the tray. Tap the tray to eliminate any air bubbles. Be careful not to splash liquid onto the cover.
4. Incubate the strips or plate for 1 hour at 37 °C.
5. Wash the plates 4 times with wash buffer using a plate washer or as follows:
 - a. Carefully remove the plate sealer, 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. Add 100 µl of diluted tracer to each well using the same pipetting order as applied in step 2. Do not touch the side or bottom of the wells.
7. Cover the tray with an adhesive cover. Incubate the tray for 1 hour at room temperature.
8. Repeat the wash procedure described in step 5.
9. 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.
10. Cover the tray with an adhesive cover, incubate the tray for 1 hour at room temperature.
11. Repeat the wash procedure described in step 5.
12. Add 100 µl of TMB substrate to each well, using the same pipetting order as applied in step 2. Do not touch the side or bottom of the wells.
13. Cover the tray with a new adhesive cover, incubate the tray for 20 – 30 minutes at room temperature. Avoid exposing the microwell strips to direct sunlight. Covering the plate with aluminium foil is recommended.
14. Stop the reaction by adding 100 µl of stop solution with the same sequence and timing as used in step 12. Mix solutions in the wells thoroughly by gently swirling the plate. Gently tap the tray to eliminate any air bubbles trapped in the wells.
15. 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.

10. INTERPRETATION OF RESULTS

- 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). For an example of the standard curve see certificate of quality control included with the kit. If the standard is out of range, the results of the test samples are not reliable. The test should be repeated.
- 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.

11. 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. If the standard is out of range, the results of the test samples are not reliable. The test should be repeated.
- 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.
- To ensure accurate results, proper adhesion of supplied covers during incubation steps is necessary.
- The waste disposal should be performed according to your laboratory regulations.

Technical support

Do not hesitate to contact our technical support team at support@hycultbiotech.com for inquiries and technical support regarding the human SLPI ELISA.

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12. QUALITY CONTROL

The certificate of quality control included in this kit is lot specific and is to be used to verify results obtained by your laboratory. The absorption values provided on the certificate of quality control 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 Hycult Biotech immunoassay, the possibility of interference cannot be excluded.

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

13. 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 shall be sent to support@hycultbiotech.com.

Suggestions summarized below in Table 3 can be used as guideline in 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 adapted 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
	•	•			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

Table 3

14. REFERENCES

1. Kramps, J et al; ELISA for quantitative measurement of low-molecular-weight bronchial protease inhibitor in human sputum. *Am Rev Respir Dis* 1984, *129*: 959
2. Fahey, J et al; Effect of menstrual status on antibacterial activity and secretory leukocyte protease inhibitor production by human uterine epithelial cells in culture. *J Infect Dis* 2002, *185*: 1606
3. Devoogdt, N et al; Secretory leukocyte protease inhibitor promotes the tumorigenic and metastatic potential of cancer cells. *PNAS* 2003, *100*: 5778
4. Higashimoto, Y et al; Adenoviral E1A suppresses secretory leukoprotease inhibitor and elafin secretion in human alveolar epithelial cells and bronchial epithelial cells. *Respiration* 2005, *72*: 629
5. Stock, S et al; Natural antimicrobial production by the amnion. *Am J Obstet Gynecol* 2007, *196*: 255
6. Anderson, R et al; Antimicrobial peptides in lung transplant recipients with bronchiolitis obliterans syndrome. *Eur Respir J* 2008, *32*: 670